FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|------------------------|-----------|
| Estimated average burd | en |
| hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| affirmative defense 10b5-1(c). See Instr | | | | | | | |
|---|---------|----------|---|-----------|---|-----------------------|--|
| 1. Name and Address <u>COLLAWN P.</u> | | | 2. Issuer Name and Ticker or Trading Symbol Cheniere Energy, Inc. [LNG] | | ionship of Reporting Person(s) all applicable) Director | s) to Issuer | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2025 | • | Officer (give title below) | Other (specify below) | |
| 845 TEXAS AVE SUITE 1250 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | dual or Joint/Group Filing (Che Form filed by One Reporting Form filed by More than One | g Person | |
| (Street) | | | | | Tom med by More than One | e reporting rerson | |
| HOUSTON | TX | 77002 | | | | | |
| (City) | (State) | (Zip) | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | cuttion Date, ny Code (Instr. 8) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 4 and 5) E E E E E E E E E E E E E E E E E E E | | saction Disposed Of (D) | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|---|--|------------------------------------|---|---------------------------|--|---|-------------------------|
| | | | | | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | |
| Common Stock | 05/15/2025 | | A | | 1,422 | A | \$0 ⁽¹⁾ | 10,482 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | l | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|------|---|--|-----|--|--------------------|--|-------------------------------------|--------------------------------------|--|---------------------|--|
| | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. These shares were issued as a deferred stock unit grant and therefore no consideration was given by the Reporting Person. Each deferred stock unit represents the right to receive one share of the Company's common stock.

Remarks:

/s/ Sean N. Markowitz under POA by Patricia K. Collawn

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.