UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average I	burden
hours per response.	0.5

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

		*					- ·			5 D.	lationahim	of Domontin	Domonn(a) to		
Name and Address of Reporting Person* WEST J ROBINSON				2. Issuer Name and Ticker or Trading Symbol CHENIERE ENERGY INC [LNG]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner				
(Last) (First) (Middle) 1300 CONNECTICUT AVE. N.W., SUITE 800			CY TYPE OOO	3. Date of Earliest Transaction (Month/Day/Year) 05/11/2007							Officer (give title below) Other (specify below)				
(Street) WASHINGTON, DC 20036				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person)	
(City)		(State)	(Zip)			Table	I - Non-De	rivative	Securities	Acquired,	Disposed o	of, or Benef	icially Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		if Code (Instr.		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)				f Securities Beneficially wing Reported		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
						Со	de V	Amount	(A) or (D)	Price			(or Indirect (Instr. 4) (I) (Instr. 4)	
Common S	Stock		05/11/2007			N	ſ	10,000	1 1	\$ 8.36 19,0)37		I)	
Reminder: Re	eport on a sep	parate line for each of	class of securities be	eneficially	y owned	directly or	Perso in this	form a	re not re		espond u		on contained form display		1474 (9-02)
1. Title of	2.	3. Transaction	Table II -	- Derivat (<i>e.g.</i> , pu	ive Secu	rities Acc warrants	Person in this a current puired, Dispositions, c	form a ently va osed of onvertil	re not red alid OMB , or Benefi ble securit	quired to r control nu icially Owne ies) 7. Title an	espond u imber. ed	8. Price of	orm display 9. Number of	10.	11. Nat
			Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transac Code	tive Securits, calls tition of Security According (In	rities Acc warrants	Persoin this a curred, Disp., options, c	form a ently va osed of onvertil ercisable Date	re not red alid OMB , or Benefi ole securit e and	quired to r control nu icially Own- ies)	espond unber. ed d Amount ring and 4)	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nat of Indir Benefic Owners (Instr. 2
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transac Code	tive Securits, calls tition of Security According (In	rities Acc warrants Number Derivative urities quired (A) Disposed D) str. 3, 4,	Persoin this a curred, Disp., options, c	form a ently va osed of onvertil ercisable Date y/Year)	re not realid OMB or Beneficies securit e and	quired to r control nu icially Own ies) 7. Title and of Underly Securities	espond unber. ed d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nat of Indir Benefic Owners (Instr. 2

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
WEST J ROBINSON 1300 CONNECTICUT AVE. N.W., SUITE 800 WASHINGTON, DC 20036	X					

Signatures

/s/ J. Robinson West	05/14/2007
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

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