Edgar Filing: Wright Christopher W - Form 4

| Wright Chris | stopher W | | | | | | | | | | | |
|---------------------------------------|--|-------|--|--|--|------------------|---------|---|--|----------------------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| October 22, 2 | 2010 | | | | | | | | | | | |
| FORM | 14 | | | | | | | | OMB AF | OMB APPROVAL | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMMISSION | OMB Number: | 3235-0287 | | |
| Check the if no long subject to | MENT OF | CHAN | | Expires: Estimated a | s: January 31, 2005 Ited average | | | | | | | |
| Section 16. SE Form 4 or | | | | | SECURITIES | | | | | burden hours per response 0.5 | | |
| Form 5 obligation | n o * | | | | | | • | e Act of 1934, | | | | |
| may cont See Instru 1(b). | inue. Section 17(| | | • | ling Com Company | | | 1935 or Section 0 | n | | | |
| (Print or Type F | Responses) | | | | | | | | | | | |
| Wright Christopher W Symbol | | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| Pacific | | | Pacific I | c Ethanol, Inc. [PEIX] | | | | (Check | k all applicable | ;) | | |
| | | | | ate of Earliest Transaction nth/Day/Year) | | | | Director | 10% | Owner | | |
| 400 CAPITO | OL MALL #2060 | | 10/20/20 | • | | | | X Officer (give below) | | er (specify | | |
| (Street) 4. If A | | | 4. If Ame | Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| Filed(Mor SACRAMENTO,, CA 95814 | | | | - | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| | | | | | | | | Person | | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | ecuriti | es Acqu | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | | of (D) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | |
| Common stock | 10/20/2010 | | | A | 210,000 | A | \$ 0 | 287,715 | D | | | |

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

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 control number.

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|---|--|--------------------------------------|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: Wright Christopher W - Form 4

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Wright Christopher W 400 CAPITOL MALL #2060 SACRAMENTO,, CA 95814 | | | VP, Gen. Counsel & Secretary | | | | | |
| Signatures | | | | | | | | |
| /s/ Christopher W. Wright | 10/22/20 | 10 | | | | | | |
| <u>**</u> 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.