## Edgar Filing: Pacific Ethanol, Inc. - Form 4

Pacific Ethan	ol, Inc.											
Form 4												
June 12, 2015	5											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer									Expires:	January 31,		
subject to	STATEN	<b>1ENT OF</b>	CHAN			CIA	LOW	NERSHIP OF	Estimated a	2005 average		
Section 16				SECUR	ITIES				burden hou	irs per		
Form 4 or Form 5				( . ) . <b>f</b> 41	C		. 1	· · · · · · · · · · · · · · · · · · ·	response	0.5		
obligation	- ·						-	ge Act of 1934, of 1935 or Sectio	n			
may conti	nue.			vestment (	•	- ·			11			
See Instru- 1(b).	ction	50(II) (		vestment	company	y Act	. 01 19	40				
1(0).												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person *2. IssuerKieta Douglas LSymbol				Name and Ticker or Trading				5. Relationship of	son(s) to			
								Issuer				
F			Pacific Ethanol, Inc. [PEIX]					(Check all applicable)				
(Last) (First) (Middle) 3. Date of			of Earliest Transaction									
400 CAPITOL MALL #2060 06/11/20 (Street) 4. If Ame				nth/Day/Year)				X_Director10% Owner				
			06/11/20	)15				Difficer (give title Other (specify below)				
			4. If Amer	ndment, Dat	e Original			6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)					Applicable Line)				
								_X_ Form filed by Form filed by N	One Reporting Po More than One Ro			
SACRAME	NTO, CA 95814							Person				
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Dat	e 2A. Deen	ned	3. 4. Securities				5. Amount of	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
Security	(Month/Day/Year)		n Date, if				Beneficially					
(Instr. 3)		any (Month/F	Day/Year)									
		(1101111224), 1041)		(mou. 0) (mou. 3, 4 and 5)			Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V	Amount	(D)	Price	(insur 5 und 1)				
Common Stock	06/11/2015			А	7,435	А	\$0	37,154	D			
Stock												

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)	e 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	of Derivat Securiti Acquire (A) or Dispose of (D)	Number Expiration Dat of (Month/Day/Y Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and	<ul><li>8. Price of Derivative Security (Instr. 5)</li><li>4)</li></ul>	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (E	D) Date Exercisable	*	Title Amou or Numl of Share	ber	

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Kieta Douglas L 400 CAPITOL MALL #2060 SACRAMENTO, CA 95814	Х					
Signatures						
/s/ Douglas L. Kieta 06/	/12/2015					
<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.