Edgar Filing: CLEAN HARBORS INC - Form 4

CLEAN HAI	RBORS INC											
Form 4	_											
June 28, 200												
FORM		стате	SECUD	ітібс а	ND EV(11 A 11	NCE	COMMISSION		PPROVAL		
	- UNITED	SIAIES		hington,			NGE		OMB Number:	3235-0287		
Check thi	is box		vv a5	inington,	D.C. 20.	547				January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						NERSHIP OF	Expires:	2005				
5	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Estimated average			
Form 4 or									burden hours per response 0.5			
Form 5	Filed pur	suant to	Section 16	6(a) of the	e Securiti	ies Ez	kchang	ge Act of 1934,		0.0		
obligation may cont	ns Section 17(f 1935 or Sectio	n			
See Instru		30(h)	of the Inv	vestment	Compan	y Act	of 19	40				
1(b).												
(Print or Type F	(esponses)											
1. Name and A	ddress of Reporting	Person *	2 Iccuar	Name and	Ticker or '	Tradin	a	5. Relationship of	Reporting Per	son(s) to		
1. Name and Address of Reporting Person * 2. Issu COOKSON EUGENE A JR Symbol				. Issuer Name and Ticker or Trading mbol				Issuer				
	•	CLEAN HARBORS INC [CLHB]										
(Last)	(First) (I	Middle)					1	(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner				
1501 WASH	INGTON STRE	ET		05/09/2005				XOfficer (give titleOther (specify				
								below) Executi	below) ive Vice Presid	ent		
	(Streat)		4 10 4	1 (D								
				If Amendment, Date Original led(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
			rneu(mon	ui/Day/Tear)			Applicable Line) _X_ Form filed by (One Reporting Pe	erson		
BRAINTRE	EE, MA 02185-90)48						Form filed by N	Iore than One Re			
								Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Dat			3.	4. Securi				6. Ownership	7. Nature of		
Security	(Month/Day/Year)		Execution Date, ifTransactionAcquired (A) ornyCodeDisposed of (D)Month/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Form: Direct	Indirect Beneficial			
(Instr. 3)		2					2		Ownership			
		X		((- /		(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(
Common Stock	05/09/2005			S	3,900	D	\$ 20	0	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / A	ddress	Relationships					
	Director	10% Owner	Officer	Other			
COOKSON EUGENE A J	R		Executive				
1501 WASHINGTON STR		Vice					
BRAINTREE, MA 02185-		President					
Signatures							
Eugene A. Cookson	06/15/2005						

<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.