FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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## INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person* <u>Eckelbarger David</u>			2. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol CLEAN HARBORS INC [ CLH ]					
(Last) C/O CLEAN II 42 LONGWA (Street) NORWELL (City)	(First) HARBORS, INC TER DRIVE  MA (State)	(Middle)	01/14/2013			tionship of Reporting Pers all applicable) Director Officer (give title below) EVP (Safety-KI	10% Owne Other (spe below)	er (1	Month/Day/Year)  3. Individual or Join Applicable Line)  X Form filed b Person	oate of Original Filed  out/Group Filing (Check  out/Group Filing (Chec
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				1-	2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secu Underlying Derivative Secu 4)			4. Conversi or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Expiration		n Title		Amount or Number of Shares	Exercise Price of Derivativ Security	or Indirect	

**Explanation of Responses:** 

No securities are beneficially owned.

<u>David Eckelbarger</u>

02/04/2013

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).