FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## 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 Ad Fusco Ste	dress of Reportin	F	. Date of Event Requiring Stater Month/Day/Yea	nent	3. Issuer Name and Ticker or Trading Symbol CLEAN HARBORS INC [ CLH ]					
(Last) C/O CLEAN 42 LONGWA (Street) NORWELL (City)	(First) HARBORS, INC TER DRIVE  MA (State)	(Middle)	2/11/2013	4		tionship of Reporting Pers all applicable) Director Officer (give title below) EVP CIO (CHE	10% Own Other (spe below)	er 6. I App	ndividual or Join blicable Line)  Form filed b	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)				-		nt of Securities ally Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock						6,860	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)  Date Expiration Date Exercisable Date			ite	3. Title and Amount of Secur Underlying Derivative Secur 4)			4. Conversion or	Form:	(Instr. 5)	
				Expiration Date	n Title		Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Steven Fusco

02/13/2013

\*\* Signature of Reporting Person

Date

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

- \* If the form is filed by more than one reporting person, see Instruction 5 (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.

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.