SEC Form 3

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

	2. Date of Event Requiring Statement Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol <u>CLEAN HARBORS INC</u> [CLH]				
(Last) (First) (Middle) 210 GREYSTONE TERRACE (Street) SHERWOOD A0 PARK (City) (State) (Zip)	07/16/2015	4. Relationship of Reporting Per (Check all applicable) Director X Officer (give title below) EVP (CHES	10% Owner Other (spec below)	r 6. In	hth/Day/Year) dividual or Join icable Line) Form filed b Person	Pate of Original Filed t/Group Filing (Check y One Reporting y More than One Person
Table I - Non-Derivative Securities Beneficially Owned						
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)			Nature of Indirect Beneficial Ownership nstr. 5)	
Common Stock		13,588	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 a Expiration Date (Month/Day/Year)	nd 3. Title and Amount of Secur Underlying Derivative Secur 4)	rity (Instr.	4. Conversion or	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Expirati Exercisable Date	on Title	Amount or	Exercise Price of Derivative Security		

Explanation of Responses:

Kirk Duffee

07/23/2015

** 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.