SEC Form 3

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 [*] Gerlin Simon R			2. Date of Even Requiring State (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol CLEAN HARBORS INC [CLHB]				
(Last) C/O CLEAN ENVIRONM 42 LONGWA (Street) NORWELL (City)	ENTAL SERV		07/08/2008		4. Relationship of Reporting Pers Check all applicable) Director X Officer (give title below) Sr. VP Finance - (10% Own Other (spe below)	er 6. li	nth/Day/Year) ndividual or Joir licable Line) Form filed b Person	Date of Original Filed ht/Group Filing (Check by One Reporting by More than One Person
			Table I - Nor	n-Derivati	ve Securities Beneficiall	y Owned			
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)			I. Nature of Indirect Beneficial Ownership Instr. 5)	
		(e			Securities Beneficially nts, options, convertible		s)		
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversion or	Form:	(Instr. 5)
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

Simon R. Gerlin

** Signature of Reporting Person

10/02/2008

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.