FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL						
OMB	32:	35				
Number:	02	28				
Expires:	November 20					
Estimate	d average					
burden h	ours per					
response	·	0.				

(Print or Type Respo	onses)											
1. Name and Addres Jones William L	2. Issuer Name and Ticker or Trading Symbol Pacific Ethanol, Inc. [PEIX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 5711 N. WEST A	e)	3. Date of Earliest Transaction (Month/Day/Year) 09/21/2006						Officer (give title pelow)		specify below)		
FRESNO,, CA 93		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X. Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) (Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
(Instr. 3) Date Exe (Month/Day/Year) any		Execu	Deemed attion Date, if th/Day/Year)	Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				6. Ownership Form: Direct (D)	Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4) (I)		(Instr. 4)	
Common Stock	09/21/2006			S		1,212	D	\$ 15.43	1,859,822	D		
Common Stock	09/21/2006			S		1,100	D	\$ 15.44	1,858,722	D		
Common Stock	09/21/2006			S		3,022	D	\$ 15.45	1,855,700	D		
Common Stock	09/21/2006			S		700	D	\$ 15.47	1,855,000	D		
Reminder: Report or directly or indirectly	n a separate line for e	ach cla	ass of securition	es benefic	cially	y owned						
								•	d to the collection of the col		SEC 1474 (9-02)	

$\label{thm:convergence} Table~II-Derivative~Securities~Acquired,~Disposed~of,~or~Beneficially~Owned~\\ (\textit{e.g.},~puts,~calls,~warrants,~options,~convertible~securities)$

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n Nur	nber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Der	ivative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Sec	urities			(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security				Acc	uired			4)			Following	Direct (D)	
					(A)	or						Reported	or Indirect	
					Dis	posed						Transaction(s)	(I)	
					of (D)						(Instr. 4)	(Instr. 4)	
					(Ins	tr. 3,								
					4, a	nd 5)								
										Amount				
							T	-		or				
							Date	Expiration Date	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

required to respond unless the form displays a

currently valid OMB control number.

Reporting Owners

Donouting Oromon Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Jones William L								
5711 N. WEST AVENUE	X							
FRESNO,, CA 93711								

Signatures

/s/ William L. Jones	09/21/2006
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, \emph{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).

Remarks

This is Part 2 of 2. There are more than 30 transactions to report.

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.