1	Check this box if no	
	longer subject to	1
	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

N	OMB	APPROVA	۱L
	OMB	3	3235
	Number:		0287
'	Expires:	Novembe	er 30 2011
		d average	
	burden h	ours per	
	response	ə	0.5

(9-02)

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

(Print or Type Respo	nses)										
1. Name and Addres Jones William L		2. Issuer Name <b>and</b> Ticker or Trading Symbol Pacific Ethanol, Inc. [PEIX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
400 CAPITOL M		3. Date of Earliest Transaction (Month/Day/Year) 06/24/2013					1	Officer (give titleOther (specify below)			
( SACRAMENTO		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)		Table I - I	Non-Der	ivat	ive Secur	ities A	Acqui	red, Disposed of, or I	Beneficially	Owned	
(Instr. 3) Date Exec (Month/Day/Year) any		Exect any		Date, if Transaction Code			ities 1 (A) d 1 of (I 4 and	))	5. Amount of Securities Beneficially Owned Following Reported	Ownership of In Form: Bene	7. Nature of Indirect Beneficial Ownership
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	06/24/2013			А		17,778	А	\$0	53,361 <u>(1)</u>	D	

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

SEC 1474 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 control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	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)	Deri	vative	<i>ve</i>		Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Secu	rities			(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security				Acqu	uired			4)			Following	Direct (D)	
					(A) (	or						Reported	or Indirect	
					Disp	osed						Transaction(s)	(I)	
					of (E	/					(Instr. 4)	(Instr. 4)		
					(Inst									
					4, an	d 5)								
										Amount				
							Date	Evairation		or				
							Exercisable	Expiration Date	Title	Number				
							Excicisable	Date		of				
				Code V	(A)	(D)				Shares				

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Jones William L 400 CAPITOL MALL #2060 SACRAMENTO, CA 95814	Х						

### **Signatures**

/s/ William L. Jones	06/24/2013
**Signature of Reporting Person	Date

# **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *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).
- (1) The share amounts reflect the Issuer's 1-for-15 reverse stock split which was effective May 14, 2013.

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.