FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287
Estimated average

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

burden hours per response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | ype Respon | ises) | | . , | | | | | | | | | | | | | |
|---|--|--|---------------------------|--|---------------------|--------|---|--|---|---|------------------------------------|--------------------------------|--|---|--|--|---------------------------------------|
| Name and Address of Reporting Person * Sneed James R | | | | 2. Issuer Name and Ticker or Trading Symbol Pacific Ethanol, Inc. [PEIX] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) 400 CAPITOL MALL, SUITE 2060 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2015 | | | | | | Director 10% Owner X Officer (give title Other (specify below) below) VP of Ethanol Supply & Trading | | | | | pelow) | | |
| (Street) SACRAMENTO, CA 95814 | | | | 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) | (2) | State) | Zip) | Table I - | Non-De | riva | tive Secu | rities | Acquir | | | | | ally Owned | | | |
| 1.Title of S (Instr. 3) | · | . Transaction Date Month/Day/Yea | Exec | Deemed cution Date, if onth/Day/Year) | Transaction Code | | Acquired Dispose | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5 | | Beneficially O | | | 6. Owner Form: Direct (| 7. Nat ship of Ind Benefi (D) Owne | irect icial | | |
| | | | | | Code | V | Amount | (A) or (D) | | Transaction(s) (Instr. 3 and 4) | | or India (I) (Instr. 4 | rect (Instr. | . 4) | | | |
| Common | n Stock | 04/01/2015 | | | F | | 1,738 (1) | D | \$ 11.15 | 25,523 | | | D | | | | |
| Derivative | | 3. Transaction Date | (e.g.,) | ative Securitie outs, calls, wa A. Deemed xecution Date, | 4. if Trans | red, | 5. Numb | o respond of, ertib | or Bene ole securi 6. Date I and Exp | unless contro ficially ities) Exercis iration | s the fool number Owned sable Date | rm disper. | e and | 8. Price of Derivative | 9-02) 9. Number of Derivative | 10. Ownership | |
| Security (Instr. 3) | or Exercis Price of Derivative Security | | | y Ionth/Day/Yea | Code ar) (Instr | | of Deriva Securi Acqui (A) or Dispo of (D) (Instr. 4, and | ative ties red sed | (Month/ | n/Day/Year) | | Underl Securit (Instr. 2 | ities (| Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Derivative Security: Direct (D) or Indirect | Beneficial Ownershij (Instr. 4) |
| | | | | | Code | le ' | V (A) | | Date Exercisa | | xpiration ate | Title I | Amount or Number of Shares | | | | |
| Repo | rting (| Owners | | | | | | | | | | | | | | | |
| | | | | | Re | elatio | onships | | | | | | | | | | |
| Reporting Owner Name / Address Director | | or 10% Owne | | | Other | | | | | | | | | | | | |
| Sneed James R 400 CAPITOL MALL SUITE 2060 SACRAMENTO, CA 95814 | | | VP of Ethanol Supply & Tr | | | | | | ading | | | | | | | | |

Signatures

| /s/ James R. Sneed | 04/02/2015 |
|---------------------------------|------------|
| **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).
- $\textbf{(1)} \ A mount \ represents \ shares \ withheld \ upon \ vesting \ of \ restricted \ stock \ to \ cover \ withholding \ taxes.$

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.