FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated average burden					
ours per response 0.5					

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

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 ar														
1. Name and Address of Reporting Person * 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					
400 CAP) ITOL MAI	(First) LL #2060	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/10/2016			-		er (give title belo		Other (specify b	elow)		
(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		(State)	(Zip)	Table I - Non-Derivative Securities Acq				Acqui	quired, Disposed of, or Beneficially Owned					
(Instr. 3) Da		2. Transaction Date (Month/Day/Year)		f Code (Instr. 8)		on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		f(D)	Beneficially Owned Following Reported Transaction(s)		Ownership Form:	Beneficial		
				(Month/Day/Year)	Code	VA	mount	(A) or (D)	Price	or Indirect (I)		Ownership (Instr. 4)		
Common	Stock		08/10/2016		S	1	5,000	D \$.687	53,624			D	
Reminder: indirectly.	Report on a	separate line f	for each class of secu	rities beneficially of	owned dire	ctly or								
						contai	ned i	n this for	m are	not req	uired to re	formation espond unl ntrol numb	ess	EC 1474 (9- 02)
				Derivative Securiti	es Acquir	contai the for ed, Disp	ned in rm dis	n this for splays a o	m are curre eficial	not req	uired to re d OMB cor	spond unl	ess	

Reporting Owners

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

Signatures

/s/ William L. Jones	08/10/2016
**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).

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.