FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours 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

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 [®] Lindgren Eric R. | | | | | 2. Issuer Name and Ticker or Trading Symbol CLEAN HARBORS INC [CLH] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|--|--------|------------------------------------|--|---|------------------------------------|---|---------------|---|---|----|-------------|-------------------|--|---|---|--|--|---|
| (Last) | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/06/2016 | | | | | | | | | X | | er (give title w) | | Other (specify below) | |
| 42 LONGWATER DRIVE | | | | | | | | | | | | | | | | EVP/CIO (CHESI) | | | | |
| (Street) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| NORWELL MA 02061 | | | | | | | | | | | | | | X | | | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | oorting | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | Feise | 511 | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | //Year) | Execu if any | eemed tion Date, h/Day/Year) | | Transaction I | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) | | | | 3,4 Secu | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | | Repor Transa | Reported ransaction(s) nstr. 3 and 4) | | , | (|
| Common Stock 01/06/20 | | | | | 016 | 16 | | | F | | 1,598(1) | | D | \$41.77 | | 10,556 | | D | | |
| Common Stock 01/06/20 | | | | | 016 |)16 | | | | | 7,654 | 2) | D | \$ <mark>0</mark> | | 2,902 | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | eemed tion Date, h/Day/Year) | Code (I | saction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) Date Expiratio Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbro of Title Share: | | ount | 1 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forr Dire or Ir (I) (I) 4) | ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Surrender of shares for tax liability upon vesting of restricted stock

2. Forfeiture of restricted stock

Eric R. Lindgren

** Signature of Reporting Person

01/08/2016 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 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.

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.