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

| Name and Address of Reporting Person* MCCARTHY DANIEL JAMES | | | | | | 2. Issuer Name and Ticker or Trading Symbol CLEAN HARBORS INC [CLH] | | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|--|--|--------|----------|---|--|------------------------------|---|---------------------|---|---|-------|---|-----------------------------|--|--|--|--|---|--|--|
| (Last) | ` | First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/29/2011 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| 313 HAYDEN HALL 360 HUNTINGTON AVENUE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | N M | Α (|)2115 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | 2. Transaction Date Month/Day/Year) | | Deen cutio ny nth/E | Transaction Disp | | | curities Acquired (a osed Of (D) (Instr. 3 5) | | | 3, 4 Secur Benef Owne | | icially | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amoun | t (A) or (D) | | Price | R | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | | | | |
| Common Stock 08/29/20 | | | | | | 011 | | | M | | 4,00 | 00 A | | \$23. | .01 | 33,500(1) | | D | | | |
| Common | 2011 | 011 | | S | | 4,00 | 00 D \$ | | \$54. | .59 | 29,500 | | 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 | on Date, | 4. Transact Code (In 8) | tion Number E | | 6. Date Exe Expiration (Month/Day | | Amount of Securities Underlying Derivative Security (Instr. 1 and 4) | | | 8. Prid of Deriva Securi (Instr. | vative rity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Owner Form Direct or In (I) (In 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | or Nu of | ımber | | | | | | | |
| Common Stock | \$23.01 | 08/29/2011 | | | M | | | 4,000 | 05/17/2009 | 05/ | /17/2017 | Comn | | ,000 | \$23. | 01 | 8,000 | | D | | |

Explanation of Responses:

1. Total stock reflects a two-for-one split of the Company's common stock on July 26, 2011, which was paid in the form of a stock dividend of one share for each outstanding share.

08/29/2011 Daniel J. McCarthy

** Signature of Reporting Person

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.