FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Was | hing | ton, | D.C. | 20549 | |
|-----|------|------|------|-------|--|
| | | | | | |

| STATEMENT | OF CHANGE | S IN BENEFIC | IAL OWNERSHIP |
|-----------|------------------|--------------|---------------|

| OMB APPF | ROVAL |
|----------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bu | ırden |
| 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).

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* <u>Pickens Madeleine</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Clean Energy Fuels Corp. [CLNE] | | | | | | | | eck all app Dired | ctor | ng Perso | 10% C |)wner | |
|--|--|--|---------------|---------|-----------------|---|------------------|--|--|-------|---|---|------------------------|--|--|------------------------------|--|--|-------------|
| (Last) 8117 PRI | (Last) (First) (Middle) 8117 PRESTON ROAD, SUITE 260 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/24/2008 | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) DALLAS (City) | | | 75225 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line |) X Forn Forn | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and 5) | | Securi Benef Owner | 5. Amount of Securities Beneficially Owned Following Reported | | nership Direct Indirect etr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A (D | or | rice | Transa | action(s) 3 and 4) | | | (111341. 4) |
| COMMON STOCK 09/24/2 | | | | /2008 | 008 | | A | | 319,488 | | A S | 515.65 | 5 17,8 | 17,859,208(1) | | Ι | By Spouse | | |
| COMMON STOCK | | | | | | | | | | | | | 396,464 ⁽¹⁾ | | | Ι | By Spouse | | |
| COMMON STOCK | | | | | | | | | | | | | 1,900,000 | | | 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) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | | n Date, | | ansaction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | . 3 | Price of erivative ecurity nstr. 5) | | Ov Fo Dii or (I) | vnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Numb of Share | | | | | | | | |

Explanation of Responses:

1. The reporting person disclaims any beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

Remarks:

/s/ Madeleine Pickens 09/24/2008

** 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.