Edgar Filing: RUTLEDGE JAMES M - Form 4

RUTLEDGE	E JAMES M										
Form 4											
March 18, 20	800										
FORM									OMB AF	PPROVAL	
		D STATES					NGE C	COMMISSION	OMB	3235-0287	
Check th	is how		Was	shington,	D.C. 20	549			Number:		
if no long	ar								Expires:	January 31, 2005	
	subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNE				Estimated a		
Section 1				SECUR	SECURITIES				burden hours per		
Form 4 o Form 5			a .• •		a .				response	0.5	
obligatio	^						•	e Act of 1934,			
may cont	Section 1			•	•	- ·		1935 or Section	n		
See Instru	uction	30(h)	of the In	vestment	Compar	iy Ac	t of 194	10			
1(b).											
(Print or Type I	Responses)										
(Thin of Type I	(tesponses)										
1. Name and A	Address of Reportir	ng Person *	2 Issue	· Name and	Ticker or	Tradiu	וס	5. Relationship of	Reporting Pers	son(s) to	
	E JAMES M		Symbol	er Name and Ticker or Trading				Issuer	1 0		
			•	N HARBORS INC [CLHB]							
(Least)	(First)	(Meddla)				[02		(Chec	k all applicable	2)	
(Last)	(First)	(Middle)		f Earliest Tr	ansaction			Director	10%	Owner	
C/O CLEAI	N HARBORS,	INC 42		nth/Day/Year) 15/2008				Difector X Officer (give			
	TER DRIVE	11 (0., 12	03/13/2					below) below) EVP & Chief Financial Officer			
20110111								EVP & Ch	ief Financial O	fficer	
(Street) 4. If An				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mon				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
	TE MA 02061	0140							Iore than One Re		
DKAINIKE	EE, MA 02061-	9149						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Deer	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	ar) Executio any	on Date, if	Transactio		•		Securities	Form: Direct		
(Instr. 3)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(WORDING	Day Tear)	(111501.0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock*	03/15/2008			F	238	D	\$ 63.09	17,790	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying tities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addres	s	Relationships							
1	Director	10% Owner	Officer	Other					
RUTLEDGE JAMES M C/O CLEAN HARBORS, INO 42 LONGWATER DRIVE BRAINTREE, MA 02061-914			EVP & Chief Financial Officer						
Signatures									
James M. 0 Rutledge	3/17/2008								

**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).

Remarks:

(*) Surrender of shares for tax liability upon vesting

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.