(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> McGregor Bryon T			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Pacific Ethanol, Inc. [PEIX]				
(Last) C/O PACIFI INC., 400 #2060 SACRAME	CAPITOL (Street)	MALL	04/21/2009	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer Other (give title below) (specify below) Interim CFO			. If Amendment, Date Original "iled(Month/Day/Year) . Individual or Joint/Group "iling(Check Applicable Line) X_ Form filed by One Reporting terson Form filed by More than One teporting Person	
(City)	(State)	(Zip)	Table I - I	Non-Deriva	tive Securit	ies Bene	eficially Owned	
1.Title of Secur (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natur Ownersl (Instr. 5)	*	
Common Ste	ock		5,000		D	Â		
Reminder: Report on a separate line for each class of securities beneficia owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displar currently valid OMB control number.					SEC 1473 (7-02)		

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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	Date	Expiration	Title	Amount or	Security	Direct (D)
E	Exercisable	Date		Number of		or Indirect
				Shares		(I)
						(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
McGregor Bryon T C/O PACIFIC ETHANOL, INC. 400 CAPITOL MALL #2060 SACRAMENTO, CA 95814		Â	Â	Interim CFO	Â		
Signatures							
/s/ Bryon T. McGregor	04/23/2	2009					
<u>**</u> Signature of Reporting Person	Dat	e					
Evolopation of	Doo	n					

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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.