FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | |
| 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 * Hanstveit Arve | | | | | 2. Issuer Name and Ticker or Trading Symbol Energy Recovery, Inc. [ERII] | | | | | | | | | tionship of F all applicab | | Person | (s) to Issuer | vner | |
|--|--|-----------|---|---|--|---|--|------|----------|---|---|--|---|---|-----------|--|--|--|----------|
| (Last) | (First) | ` | iddle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2014 | | | | | | | | " | Officer (g | ive title | | Other (s | specify | | |
| C/O ENERGY RECOVERY, INC. 1717 DOOLITTLE DRIVE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (Street) SAN LEANDI (City) | RO CA (State) | 94 (Zi | 9577 p) | | | | | | | | | | | | Form file | d by More | than C | ne Reportin | g Person |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | n/Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 au | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 03/1 | | | | | 1/2014 | | S | | 80,000 D | | D | \$6.01(1)(2) | 1,650,800 | | | 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) | e Conversion Date Execution Date, (Instr. 3) or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | ite | 7. Title and Am Securities Und Derivative Sec (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | | | Expiration Date | Title | Đ | Amount or Number of Shares | | (Instr. 4) | | | |

Explanation of Responses:

- 1. This figure is the weighted average purchase price of multiple trades ranging from \$6.00 to \$6.01 per share. The reporting person undertakes to provide to the SEC staff, ERI, or a shareholder of ERI full information about the number of shares purchased at each separate price upon request.
- 2. Reported transaction is for purposes of rebalancing portfolio between standard brokerage account and individual retirement account.

/s/ Alexander J. Buehler, Attorney-in-Fact for Arve

<u>Hanstveit</u>

** Signature of Reporting Person Date

03/11/2014

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.