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

| 1. Name and Address of Reporting Person* SMITH LENOX SHARON E | | | | | 2. Issuer Name and Ticker or Trading Symbol Energy Recovery, Inc. [ERII] | | | | | | | | | | tionship of R all applicabl Director | | Person | (s) to Issuer | /ner |
|--|---|------------|--|--|--|---|---|-----|--|---|--------------------|--|---|-------------------------------------|---|--|------------------------|--|--|
| (Last) C/O ENERGY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2015 | | | | | | | | | X | Officer (g below) | | Other (speci below) | | pecify |
| 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 | | | | | | |
| (Street) SAN LEAND (City) | ORO CA | | 4577 Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | g Person |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | | h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | | ties Acquire I Of (D) (Ins | | | sind 5) Securities Beneficial Following | | Form | : Direct (D) lirect (I) : 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) (D) | | Price | Transaction (Instr. 3 and | | | | (Instr. 4) |
| 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 | | 3A. Deemed Execution Dat if any (Month/Day/Ye | te, Tr | Code (Inst | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | | 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) |
| | | | | Co | ode | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | ; | Amount or Number of Shares | | (Instr. 4) | (e) | | |
| Stock Option (Right to Buy) | \$2.75 | 03/10/2015 | | | A | | 36,900 | | (1) | 0 | 3/09/2025 | Commo | n | 36,900 | \$0 | 88,75 | 2 | D | |

Explanation of Responses:

1. 25% of shares fully vest on the 1st anniversary of the vesting start date of 03/10/2015; thereafter, the shares vest 1/48th per month.

/s/ Lemyrtle Thompson, Attorneyin-Fact for Sharon Smith-Lenox 03/11/2015

** Signature of Reporting Person Date

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

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.

^{*} 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).