SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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 [*] Sakamoto Hiroshi	2. Date of Event Requiring Stater (Month/Day/Yea	ment (3. Issuer Name and Ticker or Trading Symbol CENTRUS ENERGY CORP [LEU]				
(Last) (First) (Middle) C/O TOSHIBA AMERICA NUCLEA ENERGY CORP 3545 WHITEHALL PARK DRIVE, S 500 (Street) CHARLOTTE NC 28273 (City) (State) (Zip)			 Relationship of Reporting Pers (Check all applicable) X Director Officer (give title below) 	son(s) to Issu 10% Owne Other (spe below)	er 6. In	hth/Day/Year) dividual or Joir licable Line) Form filed b Person	Date of Original Filed ht/Group Filing (Check y One Reporting y More than One Person
	Table I - Nor	n-Derivativ	ve Securities Beneficiall	y Owned			
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)	1 · · · · · ·		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
No securities beneficially owned			0	D			
			Securities Beneficially nts, options, convertible		s)		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4)		4. Conversion or	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

/s/ Hiroshi Sakamoto

** Signature of Reporting Person Date

10/03/2014

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 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.

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.