FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| bligations may continue. See |
| |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* SNELL MARK A | | | | | 2. Issuer Name and Ticker or Trading Symbol SEMPRA ENERGY [SRE] | | | | | | | | | | eck all appl Direct | onship of Reportin Il applicable) Director Officer (give title | | 10% Ov | vner | |
|---|---|--------------------------|---|--------|---|--|--------|-------|--|--------|--|-----------------|-------|---|---|---|---|--|------|--|
| (Last) | ` | rst) (| (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2009 | | | | | | | 7 | below |) `` | P. and | Other (specification) P. and C.F.O. | | | | |
| (Street) SAN DII | | | 92101 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | | Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | Deriva | ative | Sec | uritie | es Ac | quired, | Dis | osed | of, or B | enef | ficiall | y Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | | e, Transaction Dispose Code (Instr. 5) | | rities Acqui ed Of (D) (Ir | | | 5. Amou Securiti Benefic Owned Reporte | ies For cially (D) Following (I) (| | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | t (A) or (D) | | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion [| | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | ı of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / O F- D O (!) | 0. Dwnership orm: Direct (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Co | Code | v | (A) | (D) | Date Exercisable | | opiration ate | Title | or | ount nber ıres | | | | | | |
| Phantom Shares ⁽¹⁾ | (2) | 01/16/2009 | | | A | | 1 | | (3) | | (4) | Common Stock | | 1 | \$43.57 | 3,391 | | D | | |

Explanation of Responses:

- 1. Phantom shares of Sempra Energy Common Stock acquired under Sempra Energy multi-fund deferred compensation and excess savings plans. Total includes any additional shares accrued as dividend equivalents since the date of the last report of phantom share acquisitions. Plan payouts are in cash and limited intra-plan transfers are permitted based on the then market value of the shares of Sempra Energy Common Stock to which the phantom shares relate.
- 2. Conversion of Derivative Security is 1 for 1.
- 3. Date Exercisable is Immediate.
- 4. Expiration date is Not Applicable.

Remarks:

MARK A. SNELL BY: G. Joyce Rowland, Senior VP of Sempra Energy and Attorney-

01/20/2009

** Signature of Reporting Person

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.