FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
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*  RHENEY SUSAN  2. Date of Event Requiring Statement (Month/Day/Year) 07/24/2008			nent	3. Issuer Name and Ticker or Trading Symbol  CENTERPOINT ENERGY INC [ CNP ]							
(Last) (First) (Middle) 1111 LOUISIANA				4. Relationship of Reporting Per (Check all applicable)  X Director  Officer (give title		10% Owner Other (specify		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check Applicable Line)			
(Street) HOUSTON (City)	TX (State)	77002 (Zip)				below)	below)		X	Form filed by	y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ınt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities are beneficially owned						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Convo		ercise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Price Deriva Secur	ative	Direct (D) or Indirect (I) (Instr. 5)	

**Explanation of Responses:** 

Remarks:

<u>Susan O. Rheney</u> <u>07/24/2008</u>

\*\* Signature of Reporting Person Dat

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).