FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF (| CHANGES | IN BENEFICIA | AL. | OWNERSHIP |
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| | OMB APP | ROVAL | | | | | | | |
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| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| 1 | 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).

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* | | | | | 2. Issuer Name and Ticker or Trading Symbol CENTERPOINT ENERGY INC [CNP] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|---------|------------------------------|----------------------------|--|--|----|--------|--|--------------------|--|---|---------------------|---|------------------|---|--|--|---|--|
| MCCLANAHAN DAVID M | | | | | | | | | | | | | | X | Direc | tor | | 10% C | wner | |
| (Last) | (Fii UISIANA | rst) (I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Yea 01/25/2006 | | | | | | | | | | | Offico belov | er (give title v) Presiden | t and | below) | (specify |
| (Street) HOUSTO | | | 77002 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X | Form | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Trans Date (Month/I | Execution Day/Year) if any | | A. Deemed Execution Date, f any Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A d Of (D) (Instr. 3, | | | 4 and Secui Bene Owne Repo | | urities eficially ed Following orted | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | Code V | | (4 | (A) or (D) Price | | | | ction(s) 3 and 4) | | | |
| Common Stock | | | | 01/25 | 5/2006 | | | | A | | 62,72 | 1 | A | (1 | 1) 29 | | .97,759 ⁽²⁾ | | D | |
| Common Stock | | | | | | | | | | | | | 29,909 | | 9,909 | | I | By Savings Plan ⁽³⁾ | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owi | ned | | | • | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | | Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | unt | Deriva Securi | . Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | F C | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V (A) | | | | Date Exercisal | Date Exercisable D | | iration | | er es | | | | | | |

Explanation of Responses:

- 1. Price is not applicable.
- 2. Includes 61,200 shares of time-based restricted stock payable March 4, 2006 and 32,600 shares of time-based restricted stock payable March 3, 2007 if the reporting person is an employee of Issuer through such date and on a prorata basis in the event of his earlier retirement, disability or death.
- 3. Equivalent Shares held in Center Point Energy, Inc. Savings Plan as of 1/1/2006.

Remarks:

01/27/2006 David M. McClanahan

** Signature of Reporting Person Date

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.