FORM 5

Form 4 Transactions

Reported

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

| OMB APPROVAL | | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0362 | | | | |
| Estimated average burden | | | | | |
| hours per respons | e 1.0 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

ANNUAL STATEMENT OF CHANGES IN 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 * EZERSKY PETER | | | 2. Issuer Name and Ticker or Trading Symbol Cinemark Holdings, Inc. [CNK] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
|---|---------|--|---|----|--|---|---------------|--|--|-------------------------|--|
| (Last) 375 PARK AVENU | (First) | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011 | | | | : | Officer (give title below) | Other (specify b | pelow) | |
| (Street) NEW YORK CITY, NY 10152 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Reporting (check applicable line) _X_Form Filed by One Reporting Person Form Filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acqui | | | | | ired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | of | Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| Common Stock | | 06/30/2011 | | A4 | 4,828 (1) | A | \$ <u>(1)</u> | 16,284 | D | | |

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

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 control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Security (Instr. 3) | Conversion | Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | of Deriv Secur Acqui (A) or Dispo of (D) (Instr. | ative ities ired rosed) . 3, | and Expiration Date (Month/Day/Year) | | Amou Unde Secur | ant of rlying | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned at | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------|------------|--------------------------|---|--------------------|---|-------------------------------|---|--------------------|-----------------------|--|--------------------------------------|--|---|--|--|
| | | | | | (A) | , | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--------------------------------|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| EZERSKY PETER | | | | | | | |
| 375 PARK AVENUE | X | | | | | | |
| NEW YORK CITY, NY 10152 | | | | | | | |

Signatures

| /s/Michael D. Cavalier, attorney-in-fact | 01/18/2012 |
|--|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).
- (1) Annual award of restricted stock pursuant to the director compensation policy. Par value of shares is \$0.001.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.