FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasinington,	D.C.	20343

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burder	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* CRANDALL ROBERT L (Last) (First) (Middle) 5215 NORTH O'CONNOR BLVD., SUITE 1775					2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL]								eck all applica Director	Director		10% Owner		
					3. Date of Earliest Transaction (Month/Day/Year) 04/30/2005								Officer (below)	give title	Other (below)		(specify	
(Street) IRVING (City)		X State)	75039 (Zip)			Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Translation Date				2. Transa Date (Month/Da	ction	2A. Deeme Execution if any	2A. Deemed Execution Date,		3. Transaction Code (Instr.		ed of, or Benefic Securities Acquired (A) o sposed Of (D) (Instr. 3, 4		5. Amount	у	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	mount (A) or		Transactio (Instr. 3 an				(Instr. 4)	
Common Stock											7,800			D				
			Table II - I			curities A							Owned					_
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) 2. 4. Transaction Code (Instr. 8)					on Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and At of Securities Underlying Do Security (Inst. 4)		ies g Derivative	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported	re es ally eg d	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount o Number o Shares		Transact (Instr. 4)				
Stock Equivalent Units	(1)	04/30/2005		A		1,063.88 ⁽²⁾		(3)		(3)	Common Stock	1,063.88	(4)	40,594.92		D		
Option to Buy Common Stock	\$51.5							(5)		05/17/2010	Common Stock	1,000		1,00	00	D		
Option to Buy Common Stock	\$45.35							(5)		05/15/2011	Common Stock	1,000		1,00	00	D		
Option to Buy Common Stock	\$16.75							(5)		05/15/2012	Common Stock	1,000		1,00	00	D		

Explanation of Responses:

- 1. The security converts to common stock on a one-for-one basis.
- 2. Stock equivalents acquired under the Halliburton Company's Directors' Deferred Compensation Plan reported on a pro rata basis to reflect Issuer's Plan quarter. Said Plan is an ongoing securities acquisition plan.
- 3. The stock equivalent units were accrued under the Company's Directors' Deferred Compensation Plan and are settled in the Company's common stock upon cessation as a director.
- 4. On April 28, 2005, the closing price of Halliburton Company's Common Stock on the New York Stock Exchange was \$41.55 per share.
- 5. Options are exercisable six months after the date of grant.

Remarks:

Margaret E. Carriere, by Power 05/02/2005 of Attorney

** 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.