FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

ngton, D.C. 20549	OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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	Secti	on 30(h	) of the	e Investme	nt Co	mpany Act	t of 1940								
1. Name and Address of Reporting Person*  MIRE WELDON J						2. Issuer Name <b>and</b> Ticker or Trading Symbol HALLIBURTON CO [ HAL ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Director  Other (specify					
(Last) (First) (Middle) HALLIBURTON COMPANY 10200 BELLAIRE BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 04/19/2005										officer (give title below)  Vice Pres - Human					
(Street) HOUSTON TX 77072					_ 4. Ii	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filir Line)  X Form filed by One Represented by More that Person										e Repo	orting Perso	on .		
(City)	(S		(Zip)																	
Date				2. Transa Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa	3. 4. Secur Transaction Dispose Code (Instr. 5)			uired (	A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A (C	) or )	Price	Transa	ction(s) 3 and 4)			(		
Common Stock				04/19/2005		5			D		38(1)		D	\$43.4	42 32,	807.15		D	<u> </u>	
Common Stock			04/19/2005		5			A		1.024	(2)	A	\$43.	25 86	51.138			Master Trust		
		7							quired, C s, option						/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	4. Transactio Code (Inst 8)		on of E		Expiration	6. Date Exercisable a Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e Over State of State	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	ımber						
Option to Buy Common Stock	\$38.61								12/02/200	4 1	2/02/2014	Comm Stock		,500		4,500		D		
Option to Buy Common Stock	\$26.03								01/02/200	4 0	1/02/2014	Comm Stock		,810		6,810		D		
Option to Buy Common Stock	\$39.5								12/02/200	0 1	2/02/2009	Comm Stock		,000		3,000		D		
Option to Buy Common Stock	\$29.0625								02/17/200	0 0	2/17/2009	Comm Stock		,800		1,800		D		
Option to Buy Common Stock	\$31.55								04/01/200	3 0	7/19/2011	Comm Stock		,225		3,225		D		
Option to Buy Common	\$39.55								02/23/200	2 0	2/23/2011	Comm Stock		,500		7,500		D		

## **Explanation of Responses:**

- 1. Shares transferred to Halliburton Company for payment for Federal Income Tax withholding obligations on lapse of restrictions on shares issued under the 1993 Stock and Incentive Plan. Said Plan permits Reporting Person to satisfy withholding tax obligation by transferring unrestricted shares to the Issuer.
- 2. Reporting Person's beneficial interest in 861.139 shares of Halliburton Company Common Stock by the Halliburton Company Employee Benefit Master Trust No. 3, which shares are 100% vested.

## Remarks:

Margaret E. Carriere, by Power 04/19/2005 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.