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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

3235-0287 OMB Number: Estimated average burden

	tion 1(b).			Filed				L6(a) of the the Investm					1		nours	per resp	Jonse:	0.5		
1. Name and Address of Reporting Person [*] CARROLL MILTON						2. Issuer Name and Ticker or Trading Symbol <u>HALLIBURTON CO</u> [HAL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 1111 LOUISIANA					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2016									Officer (give title Other (specify below) below)						
(Street) HOUSTON TX 77002			77002									Line)	Individual or Joint/Group Filing (Check Applicable re) X Form filed by One Reporting Person Form filed by More than One Reporting Person					•		
(City)	(5	State)	(Zip)																	
			able I - Non			1			l, Dis	-			-	1						
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		ate, Tran Cod	Transaction Disp Code (Instr.		curities Acquired (A) cosed Of (D) (Instr. 3, 4		A) or 3, 4 and 5)	or 5. Amount and 5) Securities Beneficial Owned For Reported		Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Cod	e V	Amo	unt	(A) or (D)	Price	Transactio (Instr. 3 an				(,		
Common Stock														20,271			D			
			Table II - I (cquired, nts, optic						wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code (Instr.		of Exp		Expiration	Date Exercisable and cpiration Date lonth/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		8. Price of 9. Nun Derivative Security Secur (Instr. 5) Benefi Ownee Follow Repor Trans: (Instr.		ve es ally d d tion(s)	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi t (Instr. 4)	t	
				Code	v	(A)	(D)	Date Exercisab		piration e	Title		unt or ber of es							
Stock Equivalent Units	(1)	12/31/2016		A		81.8 ⁽²⁾		(3)		(3)	Commo Stock		81.8	(4)	24,75	9.22	D			
2016 Restricted Stock Units	(5)							(6)		(6)	Commo Stock)8.471 ⁽⁷⁾		4,208.471 ⁽⁷⁾		D			
2015 Restricted Stock Units	(5)							(6)		(6)	Commo Stock		7 3.9 54 ⁽⁷⁾		4,573.954 ⁽⁷⁾		D			
2014 Restricted Stock Units	(5)							(6)		(6)	Commo Stock		.3.593 ⁽⁷⁾		2,713.5	93 ⁽⁷⁾	D			
2013 Restricted Stock Units	(5)							(6)		(6)	Commo Stock		94.602 ⁽⁷⁾		3,794.6	02 ⁽⁷⁾	D			
2012 Restricted Stock Units	(5)							(6)		(6)	Commo Stock		. 5.607 ⁽⁷⁾		5,615.6	07 ⁽⁷⁾	D		_	
•	n of Respons	ses:	no for one basis											-				-		

2. Stock equivalents acquired under the Halliburton Company 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 following cessation as a director.

4. A portion of the stock equivalents attributable to quarterly fees and a portion attributable to quarterly dividends are based on the closing price on December 29, 2016 of \$54.04 and December 28, 2016 of \$54.30 respectively.

5. Each restricted stock unit represents a right to receive one share of the Company's common stock.

6. The restricted stock units vest in four equal annual installments beginning with the first anniversary of the award. Shares will be delivered to the reporting person either upon vesting, or if reporting person elected to defer receipt, following cessation as a director.

7. Includes dividend equivalent units through December 31, 2016.

Remarks:

Robert L. Hayter, by Power of <u>Attorney</u>

01/03/2017

** 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.