FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
---------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								

0.5

hours per response:

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	1 30(h) of the	e Investment	Company Act	t of 1940								
1. Name and Address of Reporting Person* Pope Lawrence J (Last) (First) (Middle) HALLIBURTON COMPANY 3000 N. SAM HOUSTON PARKWAY E.						2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL] 3. Date of Earliest Transaction (Month/Day/Year) 09/05/2017								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
					09									Officer (give title Other (specify below) EVP Administration & CHRO				D	
(Street) HOUSTON TX 77032				_ 4.1 _	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Person						
(City)	(Si		(Zip)																
1 Tidle of	Cassuits / Usas		le I -	Non-Deri	_	2A. De		es A	cquired, [3.	4. Securities				. Amou		6 Owno	rohin	7. Nature	
Date					Execu			Transaction Code (Instr. 8)		(D) (Instr. 3, 4 and		d 5) Securit Benefic Owned Reporte		es ially Following d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)		
Common	Stock			09/05/20	017			Code V	43,000	(A) or (D)	\$39.66	(1	Transaction(s) (Instr. 3 and 4) (1) 171,545.908(2)		D				
Common	JUCK	т	able			Secu	rities	Aco	quired, Di						43.300 ×				
	I.	1		(e.g.,	puts,		, war	rant	s, options	s, convert	ible sed	curities	s)		la			T	
Derivative Conversion Da		(Month/Day/Year) if any		ıtion Date,		Transaction Code (Instr. 3)		mber rative rities ired r osed) : 3, 4	6. Date Exer Expiration D (Month/Day/	ate	of Securities		Deriv Secu		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi	nership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares	er						
Option to Buy Common Stock	\$53.54								12/07/2016	12/07/2026	Commor Stock	30,50	00		30,500		D		
Option to Buy Common Stock	\$38.95								12/02/2015	12/02/2025	Commor Stock	44,50	00		44,500		D		
Option to Buy Common Stock	\$40.75								12/03/2014	12/03/2024	Commor Stock	47,40	00		47,400		D		
Option to Buy Common Stock	\$50.62								12/04/2013	12/04/2023	Commor Stock	29,40	00		29,400		D		
Option to Buy Common Stock	\$33.5								12/05/2012	12/05/2022	Commor Stock	38,50	00		38,500		D		
Option to Buy Common Stock	\$35.57								12/06/2011	12/06/2021	Commor Stock	28,30	00		28,300		D		
Option to Buy Common Stock	\$39.19								12/01/2010	12/01/2020	Commor Stock	23,00	00		23,000		D		
Option to Buy Common Stock	\$29.35								12/01/2009	12/01/2019	Commor Stock	26,50	00		26,500		D		
Option to Buy Common	\$36.9								12/05/2007	12/05/2017	Commor Stock	9,100	0		9,100		D		

Explanation of Responses:

the ranges set forth in footnote (1) to this Form 4.

2. Includes 233.812 shares of stock purchased through the Halliburton Company Employee Stock Purchase Plan for the period ended June 30, 2017.

Remarks:

Bruce A. Metzinger, by Power of Attorney 09/06/2017

Date

** Signature of Reporting Person

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.