FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	20549	

OMB APPROVAL

OMB Number: Estimated average burden 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	on 30(h) of the	e Investme	ent Co	ompany Ac	t of 1940								
1. Name and Address of Reporting Person* MIRE WELDON J						Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL] 3. Date of Earliest Transaction (Month/Day/Year) 09/20/2004										5. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify				
(Last) (First) (Middle) HALLIBURTON COMPANY 10200 BELLAIRE BLVD.) "	ıman											below) Resource	· ·			
(Street)	Street) HOUSTON TX 77072			4.1										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)												1 0100					
		Tab	le I - No	n-Deriv	/ative	Sec	curiti	es A	cquired	, Di	1				y Owne	d				
1. Title of Security (Instr. 3)		2. Trans Date (Month/	saction //Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		n Dispose				5. Amou Securiti Benefic Owned Reporte	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or P	rice	Transac (Instr. 3	ction(s)			(
Common	Stock			09/20	0/2004				D		38(1)]) !	\$31.48 28,		524.15		D		
Common	Stock			09/20	0/2004				D		15(1)]) (\$29.67		8,509.15		D		
Common Stock			09/20	0/2004				A		5.137	(2)	A S	\$29.17		5.041			Master Trust		
		Т									osed of converti				Owned					
Derivative Conversion Date Execusive Or Exercise (Month/Day/Year) if any			3A. Deem Execution	ed Date,	4. Transa	ransaction code (Instr.		n of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber ıres						
Option to Buy Common Stock	\$26.03								01/02/200	04	01/02/2014	Commo Stock	6,8	310		6,810		D		
Option to Buy Common Stock	\$39.5								12/02/200	00	12/02/2009	Commo Stock	3,0	000		3,000		D		
Option to Buy Common Stock	\$29.0625								02/17/200	00	02/17/2009	Commo Stock	1,8	300		1,800		D		
Option to Buy Common Stock	\$31.55								04/01/200	03	07/19/2011	Commo Stock	3,2	225		3,225		D		
Option to Buy Common Stock	\$39.55								02/23/200	02	02/23/2011	Commo Stock	7,5	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 865.041 shares of Halliburton Company Common Stock by the Halliburton Company Employee Benefit Master Trust No. 3, which shares are 100% vested.

Remarks:

Michael A. Weberpal, by Power of Attorney

09/21/2004

** 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.	