FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours por rosponso:	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* <u>LEWIS AYLWIN B</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol HALLIBURTON CO [ HAL ]								ck all applic	*		on(s) to Issu 10% Ow			
	RANDS, II		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/31/2003								Officer ( below)	Officer (give title below)		Other (s below)	pecify	
1441 GARDINER LANE					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) LOUISV	TLLE K	Y	40213										)		ed by Mor		rting Person One Report		
(City)	(S	state)	(Zip)																
		Ta	ble I - Nor	า-Deriv	vativ	e Se	curities	Acq	uired,	Dis	posed of	, or Ben	eficially	/ Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month/I				action Day/Year)  2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acqu Disposed Of (D) (In 5)				Securities Beneficia Owned Fe	5. Amount of Securities Beneficially Owned Following		Direct Indirect Indirect Indirect Indirect	7. Nature of Indirect Beneficial Ownership					
								Code	ode V Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	action(s)		1	Instr. 4)		
Common Stock													2,6	2,600		D			
			Table II -								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	1. Transa Code (I 3)		Derivative		6. Date Exercis Expiration Dat (Month/Day/Ye		te of Secu ear) Underly		g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v					Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Stock Equivalent Units	(1)	10/31/2003			A		397.74 <sup>(2)</sup>		(3)		(3)	Common Stock	397.44	(4)	4,159.	.9	D		
Common Stock	\$45.35								(5)		05/05/2011	Common Stock	5,000		5,000		D		
Option to Buy Common Stock	\$16.75								(5)		05/15/2012	Common Stock	2,000		2,000	)	D		

## **Explanation of Responses:**

- 1. The security converts to common stock on a one-for-one basis.
- 2. Stock equivalents are acquired under 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.
- $4.\ On\ October\ 30,\ 2003,\ the\ closing\ price\ of\ Halliburton\ Company\ Common\ Stock\ on\ the\ New\ York\ Stock\ Exchange\ was\ \$23.37.$
- 5. Options are exercisable six monts after the date of grant.

## Remarks:

Margaret E. Carriere, by Power of Attorney

11/03/2003

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.