FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	SES IN BE	NEFICIAL	OWNERS	HIP

	OMB APP	ROVAL
	OMB Number:	3235-0287
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1	hours per respense.	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* GAUT C CHRISTOPHER					2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL]									(Ch	eck all ap Dire	tionship of Reporting all applicable) Director Officer (give title		Person(s) to Issuer 10% Owne Other (spec		vner		
(Last) (First) (Middle) 1401 MCKINNEY STREET SUITE 2400				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2006											below) Exec VP and CFO				Jecny			
			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable								
(Street) HOUSTON TX 77010					, J										X Form filed by One Reporting Person Form filed by More than One Reporting							
(City) (State) (Zip)																Person						
		Tal	ble I - Nor	า-Deriv	/ativ	e Se	ecurit	ies A	Acqı	uired,	Dis	osed	of, o	r Ber	eficiall	y Own	ed					
1. Title of Security (Instr. 3) 2. Trans Date (Month/			Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		_ ^	Code (Insti		on Disposed		urities Acquired (A) o ed Of (D) (Instr. 3, 4		nd 5) Securition Benefici Owned I		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amoun	t	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		ion(s)			(Instr. 4)		
Common Stock 03/0				03/02	2/2006					D		2,18	4 ⁽¹⁾	D	\$61.9	1.96 91,75		60.07 ⁽²⁾		D		
			Table II -	Deriva (e.g., p						-					-	Owne	d			•	•	
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/	Date, T	4. Transaction Code (Instr. 8)				Expi	ate Exercisabl iration Date nth/Day/Year)		le and	7. Title and Am Securities Und Derivative Sec (Instr. 3 and 4)		nderlying curity	8. Price Derivat Securit (Instr. 5	ive y	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exe	e rcisable		oiration e	Title		Amount or Number of Shares							
Option to Buy Common Stock	\$64.78								12/0	07/2005	12/	07/2015	Comm		20,000			20,000	0	D		
Option to Buy Common Stock	\$38.61								12/0	02/2004	12/	02/2014	Com: Sto		16,500			16,500	0	D		
Option to Buy Common Stock	\$26.03								01/0	02/2004	01/	02/2014	Comi		32,940			32,940	0	D		
Option to Buy Common Stock	\$20.5								03/0	03/2004	03/	03/2013	Comi		100,000			100,00	00	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. Includes 239.43 shares of common stock that were acquired under the Halliburton Company Employees Stock Purchase Plan through December 31, 2005.

Remarks:

Robert L. Hayter, by Power of Attorney

** Signature of Reporting Person

03/03/2006

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.