FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287
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0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* CORNELISON ALBERT O JR					2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Tomography 10% Owner X Officer (give title Other (specify					
(Last) (First) (Middle) HALLIBURTON COMPANY 1401 MCKINNEY STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2004									below)		below) eneral Counsel		эреспу		
(Street) HOUSTON TX 77010				_ 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)														Person					
		Tab	le I - No	n-Deriv	ative	Se	curiti	es A	cquired,	Dis	posed (of, or E	Benef	icially	y Owne	d			
Date		2. Trans Date (Month/	Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			Securiti Benefic	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or F	rice	Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock			05/20	0/2004)/2004					197	1)]) 9	\$30.04	73	3,430		D		
		٦							quired, C s, optior						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)		n of E		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e (C s F Ally (C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(A) (D) E			cpiration ate	Amo or Num of Title Shar		ber					
Option to Buy Common Stock	\$26.03								01/02/200	4 0	1/02/2014	Commo Stock	32,	940		32,940)	D	
Option to Buy Common Stock	\$28.125								12/02/199	9 1	2/02/2008	Commo Stock	8,5	500		8,500		D	
Option to Buy Common Stock	\$39.5								12/02/200	0 1	2/02/2009	Commo Stock	6,0	000		6,000		D	
Option to Buy Common Stock	\$34.75								12/06/200	1 1	2/06/2010	Commo Stock	7,0	000		7,000		D	
Option to Buy Common Stock	\$31.55								04/01/200	3 0	7/19/2011	Commo Stock	7,8	375		7,875		D	
Option to Buy Common Stock	\$38.875								11/20/199	8 1	/20/2007	Commo Stock	3,0	500		3,600		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.

Remarks:

Michael A. Weberpal, by **Power of Attorney**

05/20/2004

** 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.