FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL |
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| | OMB Number: | 3235-0287 |
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| - | hours ner resnonse: | 0.5 |

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* | | | | | 2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL] | | | | | | | | elationship of eck all applica Director | ble) | g Perso | 10% Ov | ner | |
|---|---|--|--|--|---|--|-----|--|-----|--------------------------------|------------------------------------|---|---|--|-------------------------------|--|--|--|
| | EXANDRI | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specify below) | | | | | | | | | pecify | | | | |
| SUITE 1 | UITE 134 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | TON F | ΧΥ | 40504 | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (\$ | State) | (Zip) | | | | | | | | | | | | | | | |
| | | Т | able I - Non | -Deriva | tive S | ecurities | Acq | quired, | Dis | osed o | f, or Ber | neficially | Owned | | | | | |
| | | | Date | z. Transaction late 2A. Deemed Execution Date, if any (Month/Day/Year) | | Execution Date, if any | | Transaction Dispos | | ties Acquire I Of (D) (Inst | ed (A) or tr. 3, 4 and 5 |) Securities Beneficial | eneficially wned Following | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | ,iii3ti. 4) | | | |
| Common Stock | | | | | | | | | | | | | 47,236 | | | D | | |
| | | | Table II - D | | | curities <i>A</i> Ils, warra | | | | | | | 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 Date, if any (Month/Day/Year | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | of Securities | | ies g Derivative | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reported Transact | es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount of Number of Shares | | (Instr. 4) | | | | |
| Stock Equivalent Units | (1) | 06/30/2012 | | A | | 1,104.48 ⁽²⁾ | | (3) | | (3) | Common Stock | 1,104.48 | (4) | 21,471 | 1.83 | D | | |

Explanation of Responses:

- 1. The security converts to common stock on a one-for-one basis.
- 2. Stock equivalents acquired under the Halliburton Company 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 June 28, 2012, the closing price of Halliburton Company's Common Stock on the New York Stock Exchange was \$27.69.

Remarks:

Robert L. Hayter, by Power of Attorney 07/02/2012

** 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.