FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| - | OMB APP | ROVAL |
|--|-------------|---------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 |

287 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 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* CORNELISON ALBERT O JR (Last) (First) (Middle) | | | | | | | Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | icable) or r (give title) | | 10% Ov Other (s below) | wner |
|--|---|--|---|----------------------|--|---|---|--------------|---|--|-----------------------|-------------------------------|--|--|---|---|---|---|--|
| HALLIBURTON COMPANY 1401 MCKINNEY STREET | | | | | 01/05/2009 | | | | | | | | | | /P and Ge | | | | |
| (Street) HOUSTON TX 77010 | | | | _ 4. I _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | /ative | e Se | curiti | ies A | cquired | l, Dis | posed | of, or I | 3ene | ficial | ly Owne | d | | | |
| Da | | | Date (Month/Day/Year) i | | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Benefic | ies ially Following | Forr (D) (| m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A (D | or | Price | Transac | Transaction(s) (Instr. 3 and 4) | | | (111511.4) |
| Common Stock 01/05 | | | | | | 2009 | | D | | 4,102 | 2 ⁽¹⁾ D \$ | | \$19.4 | 5 164,879 | | | D | | |
| | | Т | able II - | | | | | | | | osed of | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, Transa Code | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | of Secu Underly Derivat | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownershi Form: ly Direct (D) or Indirec (I) (Instr. 4 | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | expiration pate | Title | or Nu of | nount imber iares | | | | | |
| Option to Buy Common Stock | \$15.42 | | | | | | | | 12/02/20 | 08 1 | 2/02/2018 | Commo Stock | n 40 |),000 | | 40,000 |) | D | |
| Option to Buy Common Stock | \$36.9 | | | | | | | | 12/05/20 | 07 1 | 2/05/2017 | Commo Stock | n 18 | 3,600 | | 18,600 |) | D | |
| Option to Buy Common | \$33.17 | | | | | | | | 12/06/20 | 06 1 | 2/06/2016 | Commo | ⁿ 31 | 1,200 | | 31,200 |) | D | |

Explanation of Responses:

1. Shares transferred to Halliburton Company for payment for Federal 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:

Robert L. Hayter, by Power of

01/06/2009

Attorney

** 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.