FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| l | OMB APPRO | OVAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | len | | | | |
| l | 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

| | | | | | | | ` ' | <u>'</u> | | | ' ' | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------|-------------------------------------|---------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------|--|--|
| 1. Name and Address of Reporting Person* Jones Myrtle L (Last) (First) (Middle) 3000 N. SAM HOUSTON PARKWAY EAST PLAZA 2 - 5412 | | | | | | HALLIBURTON CO [HAL] 3. Date of Earliest Transaction (Month/Day/Year) 12/05/2017 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
| | | | | | | | | | | | | | | | | X Officer (give title Other below) below Senior Vice Pres - Tax | | | | | |
| (Street) HOUSTON TX 77032 | | | | _ 4. If | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | | | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curitie | es Ac | quired, | Dis | posed (| of, or B | enefi | cially | Owne | d | | | | | |
| Date | | | | 2. Transa Date (Month/D | ay/Year) Ex | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | l and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct of ndirect of r. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pri | | се | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock | | | 12/05/2017 | | | | | F | | 505(1 | (1) D | | 3.06 | 06 14,912.617 | | D | | | | | |
| Common Stock | | 12/06 | 6/2017 | | | | F | | 214(1 |) D | \$4 | 13.89 | 14,965.041(2) | | D | | | | | | |
| | | Т | able II - | | | | | | | | osed of onverti | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deems Execution if any (Month/Da | n Date, ay/Year) - | 4. Transaction Code (Instr 8) | | on of E | | Expiration | 5. Date Exercisable and Expiration Date Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | S (1 | . Price of lerivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4 | wnership orm: rect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amo or Num of Share | oer | | | | | | | |
| Option to Buy Common Stock | \$53.54 | | | | | | | | 12/07/201 | 6 1: | 2/07/2026 | Commor Stock | 5,10 | 00 | | 5,100 | | D | | | |
| Option to Buy Common Stock | \$38.95 | | | | | | | | 12/02/201 | 5 1: | 2/02/2025 | Commor Stock | 8,40 | 00 | | 8,400 | | D | | | |
| Option to Buy Common Stock | \$40.75 | | | | | | | | 12/03/201 | 4 1 | 2/03/2024 | Commor Stock | 8,40 | 00 | | 8,400 | | D | | | |
| Option to Buy Common Stock | \$50.62 | | | | | | | | 12/04/201 | 3 1 | 2/04/2023 | Commor Stock | 5,70 | 00 | | 5,700 | | D | | | |
| Option to Buy Common Stock | \$39.96 | | | | | | | | 03/04/201 | 3 0. | 3/04/2023 | Commor Stock | 6,50 | 00 | | 6,500 | | 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 Stock and Incentive Plan. Said Plan permits Reporting Person to satisfy withholding tax obligation by transferring unrestricted shares to the Issuer.

2. Includes 266.424 shares of stock purchased through the Halliburton Company Employee Stock Purchase Plan for the periods ended December 31, 2016, March 31, 2017, and June 30, 2017.

Remarks:

Bruce A.Metzinger, by Power of Attorney

12/07/2017

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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.