#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB Number: 3235-0287 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	Sect	ion 30(h	) of the	e Investmen	t Cor	npany Act	of 1940									
1. Name and Address of Reporting Person* <u>Angelle Evelyn M</u>						2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [ HAL ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify)						
(Last) (First) (Middle) 10200 BELLAIRE BLVD. 2NE-12A (Street) HOUSTON TX 77072							of Earlie 2013	est Tra	nsaction (Mo	onth/	Day/Year)		- X Officer (give title Other (specify below)  Senior VP -Chief Acct. Officer								
					, 4.1	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)	(S		(Zip)																		
1. Title of Security (Instr. 3) 2. Trans				2. Transa	action	ar)	2A. Dee Execution if any (Month/I	3. Transac	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				or 5. Amount of		Forr (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
					_			Code	v	Amount (A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock			02/13	02/13/2013				D		203(	1)	D \$4		84 44,7	798.92	D					
		T							quired, D s, option						y 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,	4. Transactio Code (Insti 8)		on of E		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Seci (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v			Date Exercisable		xpiration ate	Title	or Nu of	ount mber ares							
Option to Buy Common Stock	\$33.5								12/05/2012	2 1	2/05/2022	Commo Stock	n 7,	700		7,700		D			
Option to Buy Common Stock	\$35.57								12/06/2011	. 1	2/06/2021	Commo Stock	<sup>n</sup> 5,	900		5,900		D			
Option to Buy Common Stock	\$39.19								12/01/2010	1	2/01/2020	Commo Stock	<sup>n</sup> 5,	400		5,400		D			
Option to Buy Common Stock	\$29.35								12/01/2009	1	2/01/2019	Commo Stock	n 7,	100		7,100		D			
Option to Buy Common Stock	\$35.67								02/13/2008	3 0	2/13/2018	Commo Stock	<sup>n</sup> 5,	500		5,500		D			
Option to Buy Common Stock	\$33.02								01/06/2006	5 0	1/06/2016	Commo Stock	n 2,	800		2,800		D			
Option to Buy Common Stock	\$29.87								01/03/2007	, 0	1/03/2017	Commo	n 3,	300		3,300		D			

# Explanation of Responses:

\$35.03

06/07/2007

## Remarks:

Option to Buy

Common Stock

2,450

D

Common

Stock

2,450

06/07/2017

<sup>1.</sup> 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.

#### <u>Attorney</u>

\*\* 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.