FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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).

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* Brown James S					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							
(Last) (First) (Middle) 1125 17TH STREET SUITE 1900					3. Date of Earliest Transaction (Month/Day/Year) 08/17/2010							X Officer (give title Other (specify below) below) President - Western Hemisphere							
(Street) DENVER CO 80202			_ 4. If	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	tate)	(Zip)												reisu	1			
		Tab	le I - No	n-Deri\	ative	Se	curiti	es A	cquired,	Dis	posed	of, or Be	enefic	cially	Owned	l l			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date			Code (Instr.					4 and Securitie Beneficia		es ally Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) oi (D)	Pri	Price Transaction(s) (Instr. 3 and 4)		ion(s)			(
Common	Common Stock				7/2010							7.81				D			
		7	Table II -						quired, [s, optio						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,	4. Transa Code (8)		of Deriv Secu Acqu (A) of Disp of (D	osed) r. 3, 4	6. Date Ex Expiration (Month/Da	Date		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		0	. Price of erivative ecurity Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		expiration Pate	Title	Amou or Numb of Share	oer					
Option to Buy Common Stock	\$29.35								12/01/200	9 1	2/01/2019	Common Stock	45,6	00		45,600)	D	
Option to Buy Common Stock	\$15.42								12/02/200	8 1	2/02/2018	Common Stock	49,7	00		49,700)	D	
Option to Buy Common Stock	\$35.67								02/13/200	8 0	2/13/2018	Common Stock	10,0	00		10,000)	D	
Option to Buy Common Stock	\$22.55								04/07/200	5 0	4/07/2015	Common Stock	2,19	93		2,193		D	
Option to Buy Common Stock	\$33.02								01/06/200	6 0	1/06/2016	Common Stock	6,00	00		6,000		D	
Option to Buy Common Stock	\$29.97								01/03/200	7 0	1/03/2017	Common Stock	13,4	00		13,400)	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 800 shares of stock purchased through the Halliburton Company Employee Stock Purchase Plan for the period ended June 30, 2010.

Remarks:

Robert L. Hayter, by Power of <u>Attorney</u>

08/18/2010

** 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.