FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 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	Sec	tion 3	3U(h)	of the	e Investmer	t Coi	npany Act	of 1940)							
1. Name and Address of Reporting Person* MCCOLLUM MARK A						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) 3000 N. SAM HOUSTON PARKWAY E.						3. Date of Earliest Transaction (Month/Day/Year) 12/07/2010										X Officer (give title Other (specify below) EVP - Chief Financial Officer					
(Street) HOUSTON TX 77032						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)														Person							
			le I - Noi			e S					Dis	_				lly Owner		l			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ay/Year) E		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr		5)		(Instr. 3, 4 and		Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	Amount	(D)		rice	Transac (Instr. 3	and 4)						
Common	Stock			<u> </u>	7/2010					D		1,940			\$40.:		9,438		D		
		1								quired, D s, optior						y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		on O r. D S A (/ D			6. Date Exercisab Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(4	A)	(D)	Date Exercisabl		xpiration ate	Title	or	ount nber res						
Option to Buy Common Stock	\$39.19									12/01/2010	0 1	2/01/2020	Comm Stocl		100		28,100)	D		
Option to Buy Common Stock	\$29.35									12/01/2009	9 1	2/01/2019	Comm Stocl		600		40,600)	D		
Option to Buy Common Stock	\$15.42									12/02/2008	3 1	2/02/2018	Comm Stocl		400		50,400)	D		
Option to Buy Common Stock	\$36.9									12/05/200	7 1	2/05/2017	Comm Stocl		000		12,000)	D		
Option to Buy Common Stock	\$33.17									12/06/2000	5 1	2/06/2016	Comm Stocl		400		13,400)	D		
Option to Buy Common Stock	\$32.39									12/07/2009	5 1	2/07/2015	Comm Stocl		000		7,000		D		
Option to Buy Common Stock	\$12.16									09/10/2003	3 0	9/10/2013	Comm Stocl		332		13,332	2	D		
Option to Buy Common	\$19.31									12/02/2004	4 1	2/02/2014	Comm Stocl		000		9,000		D		

Explanation of Responses:

Remarks:

^{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.

** 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.