FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL									
OMB Number:	3235-028								
Estimated average but	ırden								

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

	tion 1(b).			Filed	oursuan	t to Se	ection	16(a) c	of the So	ecuriti	es Exc	hange Act	of 193	4		liouis	peries	porise.	0.5	
	(-,				or Sec	tion 30	(h) of	the In	vestme	nt Con	npany	Act of 1940)						,	
1. Name and Address of Reporting Person* Grubisich Jose C					2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Grubisien Jose C															Director			10% Ow	ner	
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)									_	Officer (below)	give title		Other (specifically below)	pecify	
RUA GA	L. FURTA	DO DO NASCI	MENTO	1	12/31/2015															
66-ALTO	DE PINH	EIROS																		
,				[4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					, , , , , , , , , , , , , , , , , , ,									- 1 ′	Line)					
SAO PA	ULO - D)5	05465 070										X		Form filed by One Reporting Person Form filed by More than One Reporting					
SP			03403 070												Person	ed by Mor	e than	One Reporti	ng	
(City)	(\$	State)	(Zip)																	
		Ta	able I - Non-D	Derivat	ive S	ecuri	ties	Acqı	uired,	Disp	ose	d of, or l	Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ate	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Securities Beneficial Owned Fo		Form: (D) or	n: Direct or Indirect nstr. 4) (7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
			Table II - De									of, or Bertible se			wned					
1. Title of Derivative Conversion Security Instr. 3) Defivative Security Instr. 3) 2. Conversion Date (Month/Day/Year Derivative Security			3A. Deemed Execution Date, if any (Month/Day/Year	Date, Transac Code (Ir				6. Date Exercisable Expiration Date (Month/Day/Year)			le and 7. Title and Am Securities Und Derivative Secu 3 and 4)		Under	lying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerc	isable	Expir Date	ation	Title	Amou Numb Share	er of						
2015 Restricted Stock Units	(1)							((2)	(2)	Common Stock	4,49	8.408(3)		4,498.4	08 ⁽³⁾	D		
2014 Restricted Stock	(1)							((2)	(:	2)	Common Stock	2,66	8.767(3)		2,668.7	67 ⁽³⁾	D		

Explanation of Responses:

(1)

(1)

- 1. Each restricted stock unit represents a right to receive one share of the Company's common stock.
- 2. The restricted stock units vest in four equal annual installments beginning with the first anniversary of the award. Shares will be delivered to the reporting person either upon vesting, or if reporting person elected to defer receipt, following cessation as a director.

(2)

(2)

(2)

(2)

3. Includes dividend equivalents units through December 31, 2015.

Remarks:

08/2013 Restricted Stock Units

03/2013

Stock Units

Restricted

Robert L. Hayter, by Power of

3,731.934(3)

1,693.408(3)

01/05/2016

 $3,731.934^{(3)}$

1,693.408⁽³⁾

D

D

<u>Attorney</u>

Stock

Common

Stock

** 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.