FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

gton, D.C. 20549	
y,	│ OMB APPROVAL
	OND AFFROVAL

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/h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or s	Secti	on 30(h) of the	e Investm	ent Co	mpany Ad	ct of 19	40							
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 Officer (give title Other (specify					
(Last) (First) (Middle) 1125 17TH STREET SUITE 1900						of Earlie	est Tra	nsaction (Month	/Day/Year		X	Officer (give title below) President - Western H			below)				
(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					
(City) (State) (Zip)												Form filed by More than One Reporting Person								
		Tab	le I - Noi	n-Deriv	/ative	Se	curiti	es A	cquired	, Dis	posed	of, o	r Ber	nefici	ially (Owned	k			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Securiti Benefic	neficially vned Following		wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amoun	it	(A) or (D)		e	Transac (Instr. 3	tion(s)			(1113111 4)
Common Stock 04				<u> </u>	8/2010				D		451	(1) D			1.63		833.47		D	
		T	able II -						quired, s, optic							wned				
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/Day	Date, (4. Transa Code (I 8)		n of E		Expiration	5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		s Securit	Derivativ Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		expiration Date	Title		Amour or Numbe of Shares	er					
Option to Buy Common Stock	\$29.35								12/01/20	09 1	2/01/2019	Com	mon ock	45,60	0		45,600)	D	
Option to Buy Common Stock	\$15.42								12/02/20	08 1	2/02/2018		mon ock	49,70	0		49,700)	D	
Option to Buy Common Stock	\$35.67								02/13/20	08 (2/13/2018		mon ock	10,00	0		10,000)	D	
Option to Buy Common Stock	\$22.55								04/07/20	05 (4/07/2015		mon ock	2,193	3		2,193		D	
Option to Buy Common Stock	\$33.02								01/06/20	06	1/06/2016	Com	mon ock	6,000	0		6,000		D	
Option to Buy Common	\$29.97								01/03/20	07 (1/03/2017	Com	mon ock	13,40	0		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.

Remarks:

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

04/09/2010

** 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.