FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

)	
	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).

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

					OI :	Seci	1011 30(	1) 01 111	e mvesime	ni Co	mpany Ac	1 01 1940							
1. Name and Address of Reporting Person* <u>Angelle Evelyn M</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol HALLIBURTON CO [ HAL ]									k all appli Directo	cable) or	g Pers	son(s) to Iss 10% Ov Other (s	vner
(Last) (First) (Middle) 10200 BELLAIRE BLVD. 2NE-12A					3. Date of Earliest Transaction (Month/Day/Year) 03/11/2009										Officer (give title below)  Vice President - (			specify	
(Street) HOUSTON TX 7		77072		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form	iled by One	p Filing (Check Applic te Reporting Person ore than One Reportin		n	
(City) (State) (Zip)														Perso	1				
		Tab	le I - Noi	າ-Deri\	/ative	e Se	curit	ies A	cquired	, Dis	posed	of, or E	enef	icially	Owned	ŀ			
1. Title of Security (Instr. 3)  2. Trans Date (Month/				Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos Code (Instr. 5)		rrities Acquired (A) ed Of (D) (Instr. 3, 4			5. Amou Securiti Benefic Owned Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) or (D)		rice	Transaction(s) (Instr. 3 and 4)				(11341.4)
Common Stock			03/1	1/2009				D		371	(1) D \$		16.35	41,319.68		D			
		7	able II -						quired, I ts, optio						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, ay/Year)	4. Transactio Code (Inst 8)		on of E		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form Direct or Ind (I) (In:	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber res					
Option to Buy Common Stock	\$15.42								12/02/20	08 1	2/02/2018	Common Stock	11,	300		11,300		D	
Option to Buy Common Stock	\$35.67								02/13/20	08 0	2/13/2018	Common Stock	5,	500		5,500		D	
Option to Buy Common Stock	\$14.43								03/16/20	04 0	3/16/2014	Common Stock	3,3	280		3,280		D	
Option to Buy Common Stock	\$33.02								01/06/20	06 0	1/06/2016	Common Stock	2,	300		2,800		D	
Option to Buy Common Stock	\$29.87								01/03/20	07 0	1/03/2017	Common Stock	3,	300		3,300		D	
Option to Buy Common	\$35.03								06/07/20	07 0	6/07/2017	Commo	2,	450		2,450		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 1993 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

\*\* Signature of Reporting Person

03/12/2009

**Attorney** 

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.