FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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	Sect	tion 30)(h) (of the	Investment	Con	ipany Act	of 1940							
1. Name and Address of Reporting Person* <u>Angelle Evelyn M</u>						2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL]										neck all appl Direct	tor		10% O	wner
(Last) (First) (Middle) 10200 BELLAIRE BLVD. 2NE-12A						3. Date of Earliest Transaction (Month/Day/Year) 05/14/2013										X Officer (give title below) Other (specify below) Senior VP -Chief Acct. Officer				
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)				
HOUSTON TX 77072					-											X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																	
			le I - Nor	1		_				_	Disp					lly Owne				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)							2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr.						Benefic	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount	ount (A) or (D)		Price	Transaction(c)				<u> </u>
Common Stock 05/14					4/201	/2013						2,358	8(1) D		\$4	4 42,736.6 ⁽²⁾			D	
		Т								uired, Di s, options						/ 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,	4. Transactior Code (Instr. 8)		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Yea		Amou Secui Unde Deriv		tle and bunt of urities erlying vative Securi rr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i de la companya de l	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A))	(D)	Date Exercisable		piration ite	Title	or	ount nber ıres					
Option to Buy Common Stock	\$33.5									12/05/2012	12	/05/2022	Commo Stock	n 7,	700		7,700		D	
Option to Buy Common Stock	\$35.57									12/06/2011	12	/06/2021	Commo Stock	ⁿ 5,9	900		5,900		D	
Option to Buy Common Stock	\$39.19									12/01/2010	12	/01/2020	Commo Stock	n 5,4	400		5,400		D	
Option to Buy Common Stock	\$29.35									12/01/2009	12	/01/2019	Commo Stock	n 7,:	100		7,100		D	
Option to Buy Common Stock	\$35.67									02/13/2008	02	/13/2018	Commo Stock	ⁿ 5,	500		5,500		D	
Option to Buy Common Stock	\$33.02									01/06/2006	01	/06/2016	Commo Stock	n 2,8	300		2,800		D	
Option to Buy Common Stock	\$29.87									01/03/2007	01	/03/2017	Commo Stock	n 3,3	300		3,300		D	
Option to Buy Common	\$35.03									06/07/2007	06	/07/2017	Commo	n 2,4	450		2,450		D	

Explanation of Responses:

- 1. The sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on September 10, 2012.
- 2. Includes 295.68 shares of stock purchased through the Halliburton Company Employee Stock Purchase Plan for the period ended March 31, 2013.

Remarks:

<u>Attorney</u>

** 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.