FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	Sect	ion 30(l	n) of th	e Investmen	t Con	npany Act	t of 1940								
1. Name and Address of Reporting Person* <u>Garcia Christian A</u>						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.							of Earli 2013	est Tra	nsaction (Mo	onth/I	Day/Year)	X	below)	officer (give title elow) Senior Vice Pres		Other (specify below) Treasurer				
(Street) HOUSTON TX 77032					4. 1	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)														Person						
		Tab	le I - Noi			_			cquired,	Dis					_					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Executio		ion Dat	Code (I	Transaction Disposed Code (Instr. 5)		rities Acquired (A) o		l and Securiti Benefic Owned Reporte		es ially Following d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	V	Amount	(D)			Transaction(s) (Instr. 3 and 4)					
Common	Stock			<u> </u>	3/201				D		726(34.69		,088		D		
		T							quired, D s, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		[B. Price of Derivative Security Instr. 5)	9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amou or Numb of Share	er						
Option to Buy Common Stock	\$33.5								12/05/2012	12	2/05/2022	Common Stock	7,50	00		7,500		D		
Option to Buy Common Stock	\$35.57								12/06/2011	12	2/06/2021	Common Stock	5,80	00		5,800		D		
Option to Buy Common Stock	\$29.87								01/03/2007	01	/03/2017	Common Stock	2,66	56		2,666		D		
Option to Buy Common Stock	\$35.03								06/07/2007	06	6/07/2017	Common Stock	3,10	00		3,100		D		
Option to Buy Common Stock	\$38.01								01/04/2008	01	/04/2018	Common Stock	5,50	00		5,500		D		
Option to Buy Common Stock	\$19.45								01/02/2009	01	/02/2019	Common Stock	13,5	00		13,500		D		
Option to Buy Common Stock	\$31.65								01/05/2010	01	/05/2020	Common Stock	13,1	00		13,100		D		
Option to Buy Common	\$40.83								01/01/2011	01	/01/2021	Common Stock	9,10	00		9,100		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

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.