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	Secti	ion 30(h) of the	e Investmer	nt Co	mpany A	ct of 1	940								
1. Name and Address of Reporting Person* Pope Lawrence J						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) 1401 MCKINNEY STREET SUITE 2400					3. Date of Earliest Transaction (Month/Day/Year) 01/27/2009									X Officer (give title Other (specify below) below) EVP Administration & CHRO							
(Street) HOUSTON TX 77010					_ 4. l	. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)																. 5.55					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	ar)	2A. Dee Execution if any (Month/	med on Date	3. Transa Code (3. 4. Secu Transaction Dispose Code (Instr. 5)			of, or Benefic rities Acquired (A) ed Of (D) (Instr. 3, 4			5. Amou Securiti Benefic	int of es ially Following	Forr (D) (n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amoun	nount (A) or (D)		Pric	e	Transac (Instr. 3	tion(s)			51	
Common Stock 01/27/2					7/2009	2009			D		133	133 ⁽¹⁾ D \$1		\$1	8.87	91,742.58(2)			D		
		Т	able II -						quired, C s, optior							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/Da	Date,	4. Transa Code (8)		5. Number 6.		Expiration	. Date Exercisable and expiration Date Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		unt 8. Price o		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: ly Direct (or Indii (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(A) (D) Da			Expiration Date	Title		Amou or Numb of Share	er						
Option to Buy Common Stock	\$15.42								12/02/200	8 1	.2/02/2018		nmon cock	21,10	00		21,100)	D		
Option to Buy Common Stock	\$ 15.78								07/19/200	1 (07/19/2011		nmon cock	3,48	4		3,484		D		
Option to Buy Common Stock	\$36.9								12/05/200	7 1	.2/05/2017		nmon ock	9,10	0		9,100		D		
Option to Buy Common Stock	\$33.17								12/06/200	6 1	.2/06/2016		nmon	10,40	00		10,400)	D		
Option to Buy Common Stock	\$14.43								03/16/200	4 0	03/16/2014		nmon cock	13,90	00		13,900)	D		
Option to Buy Common Stock	\$20.89								02/17/200	5 0)2/17/2015		nmon cock	12,00	00		12,000)	D		
Option to Buy Common	\$32.39								12/07/200	5 1	.2/07/2015		nmon	7,00	0		7,000		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.

2. Includes 244.42 shares of common stock purchased through the Halliburton Company Employee Stock Purchase Plan for the period ended December 31, 2008.

Remarks:

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

01/28/2009

** 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.