FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rusimigton,	D.O.	200-0	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	ONB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burde	n								
l	hours ner resnonse.	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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* BOYD JAMES R					HALLIBURTON CO [HAL]								ck all applica Director	ble)	10% O		wner	
(Last) (First) (Middle) 2333 ALEXANDRIA DR. SUITE 134						3. Date of Earliest Transaction (Month/Day/Year) 03/31/2013								give title	Other (s below)		респу	
(Street) LEXING	TON F	CY State)	40504 (Zip)		Line) X Form filed by								ed by One F	by One Reporting Person by More than One Reporting Person				
		7	Table I - Non	-Deriva	tive S	Securitie	es Ac	cquired,	Disp	osed	of, or Be	eneficially	Owned					
1. Title of Security (Instr. 3)				Date	. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		urities Acquired (A) or sed Of (D) (Instr. 3, 4 a		5. Amount Securities Beneficial Owned Fo Reported	Form ly (D) o		Direct Ir ndirect B r. 4) O	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	Amoun	t (A)	or Price	Transactio			"	111301. 4)	
Common	Stock		İ										47,2	47,236 D				
			Table II - D					uired, Di s, option					wned					
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/Yea	Code		5. Number Derivative Securities Acquired or Dispos of (D) (Ins 4 and 5)	(A)	6. Date Exe Expiration I (Month/Day	Date				8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares		Transactio (Instr. 4)	on(s)			
Stock Equivalent Units	(1)	03/31/2013		A		783.45 ⁽²⁾		(3)		(3)	Common Stock	783.45	(4)	24,056.4	43	D		
Restricted Stock Units	(5)							(6)		(6)	Common Stock	5,316.03 ⁽⁷⁾		5,316.03	g(7)	D		

Explanation of Responses:

- 1. The security converts to common stock on a one-for-one basis.
- 2. Stock equivalents acquired under the Halliburton Company Directors' Deferred Compensation Plan reported on a pro rata basis to reflect Issuer's Plan quarter. Said Plan is an ongoing securities acquisition plan.
- 3. The stock equivalent units were accrued under the Company's Directors' Deferred Compensation Plan and are settled in the Company's common stock following cessation as a director.
- $4. \ On \ March \ 28, 2013, the \ closing \ price \ of \ Halliburton \ Company's \ Common \ Stock \ on the \ New \ York \ Stock \ Exchange \ was \ \$40.41.$
- 5. Each restricted stock unit represents a right to receive one share of the Company's common stock.
- 6. The restricted stock units vest in four equal annual installments beginning August 1, 2013. Vested shares will be delivered to the reporting person either upon vesting, or if reporting person elected to defer receipt, following cessation as a director.
- 7. Includes 16.29 dividend equivalent units as of March 31, 2013.

Remarks:

Robert L. Hayter, by Power of 04/02/2013 **Attorney**

** 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.