FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.	C. 20549
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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

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1. Name and Address of Reporting Person*  McKeon Timothy				2. Issuer Name <b>and</b> Ticker or Trading Symbol HALLIBURTON CO [ HAL ]									5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Own  X Officer (give title Other (sp. Instance)								
(Last) (First) (Middle) 10200 BELLAIRE BLVD. 2NE13H				3. Date of Earliest Transaction (Month/Day/Year) 01/07/2015										below)  Vice Pres a		below)	эрсспу				
				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) HOUSTON TX 77072				_											Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City) (State) (Zip)																i cison					
		Tab	le I - No	n-Deriv	ative/	Se	curiti	es Ac	cquired,	Dis	osed (	of, or I	3ene	icial	y Owne	d					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,		A) or , 4 and	Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A (D	or F	Price	Report Transa (Instr. :	orted saction(s) r. 3 and 4)			(Instr. 4)		
Common Stock				01/07	7/2015	5			D		367(	1)	D :	\$39.4	9 1	5,622		D			
		7	able II -	Deriva (e.g., p	tive S	Seci call:	urities s, war	Acq rants	uired, D s, option	ispo s, c	sed of onverti	, or Be ble se	nefic	ially es)	Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ate Execution	Date,		ransaction Code (Instr.		n of Ex		. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		opiration ate	Title	or Nui of	ount mber ıres							
Option to Buy Common Stock	\$40.75								12/03/2014	1 12	2/03/2024	Commo Stock	n 8,	500		8,500		D			
Option to Buy Common Stock	\$49.48								05/16/2008	3 05	5/16/2018	Commo Stock	<sup>n</sup> 3,	000		3,000		D			
Option to Buy Common Stock	\$45.43								05/16/2011	. 05	5/16/2021	Commo Stock	n 4,	550		4,550		D			
Option to Buy Common Stock	\$34.15								01/03/2012	2 01	/03/2022	Commo Stock	<sup>n</sup> 5,	400		5,400		D			
Option to Buy Common Stock	\$36.31								01/03/2013	3 01	/03/2023	Commo Stock		900		4,900		D			
Option to Buy Common Stock	\$50.62								12/04/2013	3 12	2/04/2023	Commo Stock	n 5,	600		5,600		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 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

01/08/2015

**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.