FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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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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Name and Address of Reporting Person* Brown James S					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 X Officer (give title Other (specify below) President - Western Hemisphere					
(Last) (First) (Middle) 1125 17TH STREET SUITE 1900			04	3. Date of Earliest Transaction (Month/Day/Year) 04/23/2014														
(Street) DENVER CO 80202				_ 4.	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						
		Ta	ble I - No	n-Der	ivativ	ve Se	ecuri	ties Acc	uired,	, Dis	posed of	, or Ben	eficia	ally Owned	i			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					2A. Deemed Execution Date,		Transaction Code (Instr. 8)		Acquired (A) or f (D) (Instr. 3, 4 and 5)		d 5) Securit Benefic Owned Reporte	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	V	Amount	ount (A) OI Pr		(Instr. 3				
Common Stock 04/23								M		15,000			_			D		
Common	Stock			04/2	23/201	L4			S		15,000 ⁽¹) D	\$6	55 308,	967.12 ⁽²⁾		D	
			Table II -								osed of, convertib			ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution I	Date, Transaction Code (Instr.					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		Derivative Security	derivativ Securitie Beneficia Owned Followin Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er	Transact (Instr. 4)	ion(s)		
Option to Buy Common Stock	\$29.35	04/23/2014			M			15,000 ⁽³⁾	12/01/2	:009	12/01/2019	Common Stock	30,60	00 \$0	15,60	00	D	
Option to Buy Common Stock	\$50.62								12/04/2	2013	12/04/2023	Common Stock	45,50	00	45,500		D	
Option to Buy Common Stock	\$33.5								12/05/2	2012	12/05/2022	Common Stock	56,90	00	56,90	00	D	
Option to Buy Common Stock	\$35.57								12/06/2	2011	12/06/2021	Common Stock	43,70	00	43,700		D	
Option to Buy Common Stock	\$39.19								12/01/2	2010	12/01/2020	Common Stock	26,1	00	26,10	00	D	
Option to Buy Common Stock	\$35.67								02/13/2	2008	02/13/2018	Common Stock	10,00	00	10,00	00	D	
Option to Buy Common Stock	\$33.02								01/06/2	:006	01/06/2016	Common Stock	6,00	00	6,00	0	D	
Option to Buy Common	\$29.87								01/03/2	2007	01/03/2017	Common Stock	13,40	00	13,40	00	D	

Explanation of Responses:

- 1. The sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on February 11, 2014.
- $2.\ Includes\ 192.90\ shares\ of\ stock\ purchased\ through\ the\ Halliburton\ Company\ Employee\ Stock\ Purchase\ Plan\ for\ the\ period\ ended\ March,\ 2014.$
- 3. Options disposed of through exercise pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on February 11, 2014.

Remarks:

** 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.