## SEC Form 5

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).  $\Box$ 

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP** 

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden

10 hours per response.

Form 3	B Holdings Rep	orted.														sponse.	1.0	
Form 4	Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company Ac		of 1934							
	nd Address of on Timoth		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 PKWY E					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017								X Officer (give title Other (specify below) below) Vice Pres and Treasurer					
(Street) HOUSTON TX 77032					4. 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)																		
		Tab	le I - Non-Deriv	, ative Sec	curiti	es A	cquire	ed, D	isposed	of, or E	Benefic	cially	y Owne	d				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)				2A. Deemee Execution I if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			1		nt of s ally	6. Owne Form: (D) or	rship     Direct	7. Nature of Indirect Beneficial Ownership	
				(Monthibay	(		5,		ount	(A) or (D)	Price		Issuer's Year (Ins 4)	Fiscal	Indire (Instr.	ct (I) 🛛	(Instr. 4)	
Common Stock 12/07/2017					G		G	150		D	\$ <mark>0</mark>	\$0 18,		259		D		
		T.	able II - Deriva (e.g., p	tive Secu outs, calls									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)	of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	Expirati	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		5	8. Price of Derivative Security (Instr. 5)		ee Owners es Form: ally Direct ( or Indir g (I) (Insti d tion(s)		Beneficia Ownershi t (Instr. 4)	
					(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er						
Option to Buy Common Stock	\$43.38						12/06/2	2017	12/06/2027	Commor Stock	<sup>1</sup> 5,800	D		5,800		D		
Option to Buy Common Stock	\$53.54						12/07/2	016	12/07/2026	Commor Stock	<sup>1</sup> 5,100	D		5,100		D		
Option to Buy Common Stock	\$38.95						12/02/2	015	12/02/2025	Commor Stock	<sup>1</sup> 8,300	D	8,30		)0 D			
Option to Buy Common Stock	\$40.75						12/03/2	2014	12/03/2024	Commor Stock	<sup>1</sup> 8,500	D	8,50		10 D			
Option to Buy Common Stock	\$50.62						12/04/2	013	12/04/2023	Commor Stock	<sup>1</sup> 5,600	D	5,60		D	D		
Option to Buy Common Stock	\$36.31						01/03/2	013	01/03/2023	Commor Stock	<sup>1</sup> 4,900	D		4,900	)	D		
Option to Buy Common Stock	\$34.15						01/03/2	012	01/03/2022	Commor Stock	<sup>1</sup> 5,400	D		5,400	)	D		
Option to Buy Common Stock	\$45.43						05/16/2	2011	05/16/2021	Commor Stock	4,550	D		4,55(	)	D		

Common Stock

3,000

3,000

D

05/16/2018

05/16/2008

Explanation of Responses: **Remarks:** 

\$49.48

Option to Buy Common

Stock

<u>/s/ Bruce A. Metzinger, by</u> <u>Power of Attorney</u>

\*\* Signature of Reporting Person

01/09/2018

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.