FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington | D.C. 20549 | |
|------------|------------|--|

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response

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* Smith Maurice S | | | | | 2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL] | | | | | | (Ched | 5. Relationship of Reporti (Check all applicable) X Director | | | ng Person(s) to Issuer 10% Owner | | |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|----------------------------------|--------------------|-----------------------------------------------|----------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------|--|
| (Last) | ` | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023 | | | | | | | Officer (below) | give title | | Other (s below) | pecify | |
| 3000 N. SAM HOUSTON PARKWAY E. | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Ind Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| HOUSTO | ON T | X | 77032 | | | | | | | | | Form file Person | ed by More | than | One Reporti | ng | |
| (City) (State) (Zip) | | | | I | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | |
| | | T | able I - Non- | -Derivat | ive S | ecurities | Ac | quired, Dis | sposed o | f, or Ber | eficially | Owned | | | | | |
| Date | | | 2. Transact Date (Month/Day | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4) | | | | and 5) Securities Beneficially Owned Followin | | Form: | Direct I Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Amount | (A) or (D) | Price | Reported Transactio (Instr. 3 ar | ion(s) | | (| Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year | 3A. Deemed Execution Dat if any (Month/Day/Yo | Code | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Day/ | ate | e of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | on(s) | | | |
| Stock Equivalent Units | (1) | 03/31/2023 | | A | | 441.797 ⁽²⁾ | / | (3) | (3) | Common Stock | 441.797 | (4) | 441.79 | 97 | D | | |
| 03/2023 Restricted Stock Units | (5) | | | | | | | (6) | (6) | Common Stock | 3,807 | | 3,807 | 7 | D | | |
| Evolanatio | n of Respons | | • | | - | - | | | - | | • | • | • | | | - | |

- 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. The stock equivalent units are attributable to quarterly fees and are based on the closing price on March 30, 2023 of \$31.06.
- 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 one year on the first anniversary of the award. Shares will be delivered to the reporting person either upon vesting, or if reporting person elected to defer receipt, following cessation as a director.

/s/ Sarah I. Rubenfeld, by Power 04/04/2023 of 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.