FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

OMB Number: Estimated average burden hours per response: 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	Sect	ion 30(l	n) of th	e Investmen	t Cor	npany Act	of 1940								
1. Name and Address of Reporting Person*  PROBERT TIMOTHY J						2. Issuer Name <b>and</b> 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. Date of Earliest Transaction (Month/Day/Year) 02/13/2012									X Officer (give title Other (specification)  Pres- Strategy & Corp Develop					
(Street) HOUSTON TX 77032				4.1	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							
		Tab	le I - Noi			_			cquired,	Dis					_					
1. Title of Security (Instr. 3)  2. Transa Date (Month/E					Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		and Securitien Beneficion Owned In Reporte		es ially Following d	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	V	Amount	(D)			(Instr. 3	action(s) . 3 and 4)				
Common	Stock			<u> </u>	3/2012				D		403(			36.14		8,637		D		
		ī							quired, D s, option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,		4. Transaction Code (Instr.		umber vative urities uired or oosed O) tr. 3, 4 5)	6. Date Exercisable at Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		5	B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	oer						
Option to Buy Common Stock	\$35.57								12/06/2011	. 12	2/06/2021	Common Stock	43,7	00		43,700		D		
Option to Buy Common Stock	\$39.19								12/01/2010	) 12	2/01/2020	Common Stock	26,1	00		26,100		D		
Option to Buy Common Stock	\$29.35								12/01/2009	) 12	2/01/2019	Common Stock	45,6	00		45,600		D		
Option to Buy Common Stock	\$15.42								12/02/2008	3 12	2/02/2018	Common Stock	26,4	00		26,400		D		
Option to Buy Common Stock	\$35.67								02/13/2008	3 02	2/13/2018	Common Stock	8,40	00		8,400		D		
Option to Buy Common Stock	\$14.43								03/16/2004	1 03	3/16/2014	Common Stock	14,0	00		14,000		D		
Option to Buy Common Stock	\$22.55								04/07/2005	5 04	4/07/2015	Common Stock	10,9	20		10,920		D		
Option to Buy Common	\$33.02								01/06/2006	0	1/06/2016	Common Stock	11,0	00		11,000		D		

## Explanation of Responses:

## Remarks:

<sup>1.</sup> 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.

\*\* Signature of Reporting Person

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

- $^{\star}$  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.