FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	. OWNERSHIP

OMB AP	PROVAL
OMB Number:	3235-0287
Estimated averag	e burden
hours per respens	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 Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer								
Brown James S				<u>H</u>	HALLIBURTON CO [HAL]										(Check all applicable) Director 10% Owner						
					-											r (give title		Other (s			
(Last) (First) (Middle) 1125 17TH STREET				3. Date of Earliest Transaction (Month/Day/Year)										,	tern l	below) Hemisphe	re				
				04/08/2008										President - Western Hemisphere							
SUITE 1900																					
					- 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DENVER CO 80202																X Form filed by One Reporting Person					
DENVER CO 80202																Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)											. 5.55							
		Tab	le I - Nor	n-Deriv	ative	Sec	curiti	es A	cquired	Dis	posed	of, o	r Ben	eficial	ly Owne	d					
1. Title of	Security (Inst	tr. 3)		2. Trans	action									I (A) or) or 5. Amount of 6. Ownership 7. Nature						
Date				Day/Year)		Execution Date, if any (Month/Day/Year		Code (Instr				d Of (D) (Instr. 3, 4		Benefic	Securities Beneficially Owned Following		r Indirect	of Indirect Beneficial Ownership			
					`	(e		Code	v	Amount		(A) or	Price	Reporte Transac	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)			
Common Staals				04/08	3/2008	2			D	╁	451((D) (D)		\$41.6	_	54.18 ⁽²⁾		D			
Common Stock 04/08						<u>, </u>					431(4)		<u> </u>	Ψ41.0	70,5	1,10 ¹⁷		Ь			
		Т	able II -						quired, [s, optio						Owned						
1. Title of	2.	3. Transaction	3A. Deeme		4.	Calls	-					1		•	8. Price of	9. Number	- 4	10.	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Da	Date,	Transa Code (8)				6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		ecurity	Derivative Security (Instr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form:	of Indirect Beneficial Ownership (Instr. 4)		
										\top				Amount	:						
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	l i	or Number of Shares							
Option to Buy Common Stock	\$35.67								02/13/200	08 02	2/13/2018	Com		0,000		10,000		D			
Option to Buy Common Stock	\$22.55								04/07/200	05 04	4/07/2015	Com Sto		2,193		2,193		D			
Option to Buy Common Stock	\$33.02								01/06/200	06 0	1/06/2016	Com		6,000		6,000		D			
Option to Buy Common Stock	\$29.97								01/03/200	07 0	1/03/2017	Com		3,400		13,400		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 1993 Stock and Incentive Plan. Said Plan permits Reporting Person to satisfy withholding tax obligation by transferring unrestricted shares to the Issuer.
- 2. Includes 0.18 shares of stock accumulated through dividend reinvestment in the Halliburton Company Employee Stock Purchase Plan.

Remarks:

Robert L. Hayter, by Power of 04/10/2008 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.