FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	houre per reenonee.	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* Carre Eric						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 PARKWAY E.					3. Date of Earliest Transaction (Month/Day/Year) 12/08/2021								X Officer (give title Other (specify below) EVP, Global Business Lines						
(Street) HOUSTON TX 77032			4. If	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) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				ction	ion 2A. Deemed Execution Date,			3. Transac	3. Transaction Code (Instr. Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Follor Reported		int of es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				\perp				Code	V	Amount	(A) or (D)	Price	Transa (Instr. 3						
Common	on Stock			12/08/	2021				F		1,630(1	30 ⁽¹⁾ D		.58 ⁽²⁾	8 ⁽²⁾ 120,591			D	
		Т	able II								posed of converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,		ransaction of Eode (Instr. Derivative (Expiration	xpiration Date of Month/Day/Year) U			d Amou ies g : Securi nd 4)	S	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er					
Option to Buy Common Stock	\$31.44								12/05/20	18	12/05/2028	Common Stock	50,10	00		50,100)	D	
Option to Buy Common Stock	\$34.48								01/04/20	16	01/04/2026	Common Stock	9,53	4		9,534		D	
Option to Buy Common Stock	\$43.38								12/06/20	17	12/06/2027	Common Stock	34,42	25		34,425	5	D	
Option to Buy Common Stock	\$53.54								12/07/20	16	12/07/2026	Common Stock	30,10	00		30,100)	D	
Option to Buy Common Stock	\$39.49								01/02/20	15	01/02/2025	Common Stock	24,75	50		24,750)	D	
Option to Buy												Common							

Explanation of Responses:

Stock

- 1. 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.
- 2. The shares vested on December 6, 2021. The closing price of Halliburton Company's Common Stock on the New York Stock Exchange on December 6, 2021 was \$22.58.

/s/ Bruce A. Metzinger, by 12/10/2021 Power 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.