FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Miller Jeffrey Allen						2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														1	X Director			10% Owner	
(Last) (First) (Middle) 3000 N. SAM HOUSTON PARKWAY E.					3. Date of Earliest Transaction (Month/Day/Year) 08/05/2019								y	X Officer (give title Other (specify below) Director, President & CEO					
(Chroat)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) HOUSTON TX 7700			77032	032											X Form filed by One Reporting Person Form filed by More than One Reporting				
(City) (State) (Zip)														Person		C trica	r One repor	ung	
		Tak	ole I - No	n-Deri	vativ	e Se	curiti	es A	cquired	, Dis	posed	of, or I	Benef	icially	/ Owned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					ur) Ex	A. Deemed execution Date, any Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		or and 5)	5. Amoun Securities Beneficia Owned Fo Reported	s lly ollowing	Form (D) o	n: Direct c r Indirect E istr. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		ice	Transacti (Instr. 3 a				,
Common Stock			08/05	5/2019	2019			F		17,826	26 ⁽¹⁾ D		21.66	5 518,359.728(2)			D		
		•	Table II -						quired, l						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		of E		Expiration	s. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amo or Num of St	ber					
Option to Buy Common Stock	\$31.44								12/05/201	8 1	2/05/2028	Common Stock	171	,200		171,200		D	
Option to Buy Common Stock	\$43.38								12/06/201	7 1	2/06/2027	Common Stock	128	,500		128,500		D	
Option to Buy Common Stock	\$53.54								12/07/201	6 1	2/07/2026	Common Stock	69,	500		69,500		D	
Option to Buy Common Stock	\$38.95								12/02/201	5 1	2/02/2025	Common Stock	99,	200		99,200)	D	
Option to Buy Common Stock	\$40.75								12/03/201	4 1	2/03/2024	Common Stock	1115	,100		115,10	0	D	
Option to Buy Common	\$50.62								12/04/201	3 1	2/04/2023	Common Stock	55,	700		55,700)	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 Stock and Incentive Plan. Said Plan permits Reporting Person to satisfy withholding tax obligation by transferring unrestricted shares to the Issuer.
- 2. Includes 915.751 shares of stock purchased through the Halliburton Company Employee Stock Purchase Plan for the period ended March 31, 2019.

Remarks:

/s/ Brian A. Salazar, by Power of Attorney

08/06/2019

** 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.