FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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

						Secu	011 30(1	n) or tri	e mvesime	ent Co	прапу Асі										
1. Name and Address of Reporting Person* PROBERT TIMOTHY J						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 X Officer (give title Other (specify below) below) Pres Global Business Lines					
(Last) (First) (Middle) 3000 N. SAM HOUSTON PKWY E						3. Date of Earliest Transaction (Month/Day/Year) 04/08/2010															
(Street) HOUSTON TX 77032					4. I1	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						
(City) (State) (Zip)												Person									
			le I - Nor	1		_				, Dis	1										
Date				saction //Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.		5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	V	Amount	(A) ((D)	r Pri	ice	Transac (Instr. 3	tion(s) and 4)					
Common	Common Stock 04/08													5,118		D					
		T	able II -									, or Ber ble sec			Owned						
Derivative Conversion Date Executio Security or Exercise (Month/Day/Year) if any		3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		on of		Expiration Date			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Iy Dired or In (I) (Is	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		xpiration ate	Title	Amou or Numl of Share	oer							
Option to Buy Common Stock	\$29.35								12/01/20	09 1	2/01/2019	Common Stock	45,6	00		45,600		D			
Option to Buy Common Stock	\$15.42								12/02/20	08 1	2/02/2018	Common Stock	26,4	.00		26,400		26,400 D		D	
Option to Buy Common Stock	\$9.3								01/29/20	03 0	1/29/2013	Common Stock	20,0	00		20,000		D			
Option to Buy Common Stock	\$35.67								02/13/20	08 0	2/13/2018	Common Stock	8,40	00		8,400		8,400		D	
Option to Buy Common Stock	\$11.82								06/09/20	03 0	6/09/2013	Common Stock	35,2	.00		35,200		D			
Option to Buy Common Stock	\$14.43								03/16/20	04 0	3/16/2014	Common Stock	14,0	00		14,000		D			
Option to Buy Common Stock	\$22.55								04/07/20	05 0	4/07/2015	Common Stock	10,9	20		10,920		D			
Option to Buy Common Stock	\$33.02								01/06/20	06 0	1/06/2016	Common Stock	11,0	00		11,000		D			
Option to Buy Common	\$29.87								01/03/20	07 0	1/03/2017	Common Stock	13,4	00		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 Stock and Incentive Plan. Said Plan permits Reporting Person to satisfy withholding tax obligation by transferring unrestricted shares to the Issuer.

Robert L. Hayter, by Power of Attorney 04/09/2010

** 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.