FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wash

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ington, D.C. 20549	OMB APPROVAL

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	Section	on 30(h) of the	e Investmer	t Con	npany Act	of 1940									
1. Name and Address of Reporting Person* <u>Lotfy Ahmed H M</u>						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 Officer (give title Other (specify)						
(Last) (First) (Middle) 14TH FLOOR, CITIBANK TOWER						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2010										X Officer (give title Other (specify below) below) President - Eastern Hemisphere					
(Street) DUBAI CO 000000				4. 1	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)	(Si	•	(Zip)	- Davis				0		Dia		-4 I	4	:-:-!!							
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L				action	ar) i	ZA. Dee Execution f any Month/I	med on Date	3. 4. Securi Transaction Disposed Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3, 4		() or	5. Amou Securiti Benefic Owned Reporte	int of es ially Following	Forr (D) (m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
	G: 1			4.0/0/	1 (0.04)				Code	V	Amount	(D)		Price	(Instr. 3	action(s) 3 and 4)					
Common	Stock		Talala II	<u> </u>	1/2010		:4:		D D		797(1			\$39.19		1,355		D			
		'							quired, D s, optior						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of E		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		kpiration ate	Amo or Num of Title Shar		nber							
Option to Buy Common Stock	\$29.35								12/01/2009) 12	2/01/2019	Commo Stock	40,	600		40,600)	D			
Option to Buy Common Stock	\$ 15.42								12/02/2008	3 12	2/02/2018	Commo Stock	¹ 42,	700		42,700)	D			
Option to Buy Common Stock	\$35.67								02/13/2008	3 02	2/13/2018	Commo Stock	n 10,	.000		10,000)	D			
Option to Buy Common Stock	\$22.55								04/07/200	5 04	1/07/2015	Commo Stock	1,	533		1,533		D			
Option to Buy Common Stock	\$33.02								01/06/2000	6 01	1/06/2016	Commo Stock	5,0	000		5,000		D			
Option to Buy Common	\$29.87								01/03/200	, 01	1/03/2017	Commo Stock	7,0	000		7,000		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.

Remarks:

Robert L. Hayter, by Power of

12/03/2010

<u>Attorney</u>

** 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.