FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

omb Approval

| - | OND ALL KOVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 * $\underline{BADER\ KATHLEEN\ M}$ | | | | | | 2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL] | | | | | | | | elationship o eck all applic | • | | | |
|---|---|--|--|--|---|--|----------------------|--------------|--|-----|----------------------|--|---|---|--|-----------------------------------|---|---|
| (Last) (First) (Middle) 5007 NURMI DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2007 | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| (Street) MIDLAND MI 48640 (City) (State) (Zip) | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | |) X Form fi | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | | | |
| | | Tak | ole I - Nor | n-Deriv | vativ | e Se | curities | Acc | uired, | Dis | osed o | f, or Ber | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans. Date (Month/I | | | | | action 2A. Deemed Execution Day Day/Year) if any (Month/Day/Year) | | | Code (Instr. | | | | | 5. Amour Securitie Beneficia Owned F | es For ally (D) Following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | | 4,8 | 4,804 | | D | | |
| | | | Table II - | | | | | | | | osed of, onvertib | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | ate, Transa Code (I | | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | Transactio (Instr. 4) | on(s) | | |
| Stock Equivalent Units | (1) | 12/31/2007 | | | A | | 488.8 ⁽²⁾ | | (3) | | (3) | Common Stock | 488.8 | (4) | 1,425.6 | 62 | D | |

Explanation of Responses:

- The security converts to common stock on a one-for-one basis.
- 2. Stock equivalents acquired under the Halliburton Company Directors' Deferred Compensation Plan reported on a pro rata basis to reflect Issuer's Plan quarter. Said Plan is an ongoing securities acquisition plan.
- 3. The stock equivalent units were accrued under the Company's Directors' Deferred Compensation Plan and are settled in the Company's common stock upon cessation as a director.
- 4. On December 28, 2007, the closing price of Halliburton Company's Common Stock on the New York Stock Exchange was \$38.02.

Remarks:

Robert L. Hayter, by Power of Attorney 01/02/2008

** 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.