FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

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

	. ,				or S	Sect	ion 30(h) of the	e Ínvestmei	nt Cor	npany Act	of 194	0							
1. Name and Address of Reporting Person* <u>Angelle Evelyn 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 (sine title Other (specify)					
(Last) (First) (Middle) 10200 BELLAIRE BLVD. 2NE-12A						3. Date of Earliest Transaction (Month/Day/Year) 01/11/2010									X Officer (give title Other (specify below) Vice President - Controller					
(Street) HOUSTON TX 77072				_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									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)																				
			le I - No	1		_				Dis					ly Owne					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price	Transa	ction(s) 3 and 4)			(,	
Common Stock 01/11/					1/2010	2010			D		105	1) D \$3		\$30.0	9 38,	056.68		D		
		7							quired, C s, option						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	ed Date,	4. Transa	4. Transaction Code (Instr		5. Number 6.		. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		amount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		kpiration ate	Title	OI N O	umber						
Option to Buy Common Stock	\$29.35								12/01/200	9 12	2/01/2019	Comn Stoc		7,100		7,100		D		
Option to Buy Common Stock	\$15.42								12/02/200	8 12	2/02/2018	Comn Stoc		1,300		11,300)	D		
Option to Buy Common Stock	\$35.67								02/13/200	8 02	2/13/2018	Comn		5,500		5,500		D		
Option to Buy Common Stock	\$33.02								01/06/200	6 01	1/06/2016	Comn		2,800		2,800		D		
Option to Buy Common Stock	\$29.87								01/03/200	7 0	1/03/2017	Comn		3,300		3,300		D		
Option to Buy Common	\$35.03								06/07/200	7 06	6/07/2017	Comn		2,450		2,450		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

01/12/2010

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.