FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
---------------	-----------

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
ı	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 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>King David S</u>					2. Issuer Name <b>and</b> 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) 10200 BELLAIRE BLVD. 2NE-14B					3. Date of Earliest Transaction (Month/Day/Year) 01/07/2008										below) bel Pres Completion & Proc			w)` '		
ZNE-14D				_ 4. I	f Ame	endmen	it, Date	e of Origina	l Filed	(Month/E		6. Individual or Joint/Group Filing (Check Applicable								
(Street) HOUSTON TX 770			77072												X Form	filed by One Reporting Pers				
(City) (State) (Zip)		(Zip)												Perso	n					
		Tab	le I - Noi	n-Deriv	vative	Se	curiti	es A	cquired,	Dis	posed	of, or	Bene	eficial	y Owne	d				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Execution Date,		Code	Transaction D Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amou Securiti Benefic Owned Reporte	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount		A) or D)	Price	Transac (Instr. 3	tion(s)			(111511.4)	
Common	Stock			01/0	01/07/2008				D		317	1)	D	\$39.1	2 72	72,502		D		
Common	Stock			01/0	/07/2008				D		569(	1)	D	\$38.0	1 71	1,933		D		
		٦	Гable II -						quired, [ 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. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		5. Number 6		Expiration	6. Date Exercisal Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	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	or No of	umber						
Option to Buy Common Stock	\$15.77								07/19/200	1 0	7/19/2011	Comm Stoc		0,350		10,350	)	D		
Option to Buy Common Stock	\$7.47								08/28/200	0	8/28/2012	Comm Stoc	on 1	0,000		10,000	)	D		
Option to Buy Common Stock	\$14.43								03/16/200	0.	3/16/2014	Comm Stoc		,280		8,280		D		
Option to Buy Common Stock	\$22.55								04/07/200	05 0	4/07/2015	Comm Stoc		4,600		14,600	)	D		
Option to Buy Common Stock	\$33.02								01/06/200	0	1/06/2016	Comm Stoc		1,000		11,000	)	D		
Option to Buy Common Stock	\$29.87								01/03/200	0	1/03/2017	Comm		0,000		10,000	)	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 1993 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 **Attorney** 

01/16/2008

\*\* 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.	