FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					OI	Seci	1011 30(11) 01 1116	e invesimen	il Coi	прапу Асі	01 194	J							
1. Name and Address of Reporting Person* Brown James S						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					
(Last) (First) (Mi 1125 17TH STREET SUITE 1900			(Middle)		3. Date of Earliest Transaction (Month/Day/Year)										Officer (give title Other (specify below) below) President - Western Hemisphere					
(Street) DENVER CO			80202	_ 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Checkline) X Form filed by One Reporting Form filed by More than One Foreson											orting Perso	n			
(City)	(S		(Zip)																	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	ar)	2A. Dee Execution if any (Month/	med on Date	3. Transa Code (4. Secur	ed of, or Benefi ecurities Acquired (A) posed Of (D) (Instr. 3, 4			5. Amo	unt of ies ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	t (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(
Common Stock 01/05				5/2012	2			D		459((1) D \$		\$34.3	15 392,	2,119.97		D			
		7	able II -						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. Deemo Execution if any (Month/Da	Date,		Transaction Code (Instr.		of		6. Date Exercisable an 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)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or Nu of	ımber						
Option to Buy Common Stock	\$35.57								12/06/201	1 1	2/06/2021	Comm		3,700		43,700)	D		
Option to Buy Common Stock	\$15.42								12/02/2008	3 1	2/02/2018	Comm Stoc		5,566		16,566	5	D		
Option to Buy Common Stock	\$39.19								12/02/2010) 1	2/02/2020	Comm Stoc		5,100		26,100)	D		
Option to Buy Common Stock	\$29.35								12/01/2009	9 1	2/01/2019	Comm Stoc		5,600		45,600)	D		
Option to Buy Common Stock	\$35.67								02/13/2008	3 0:	2/13/2018	Comm Stoc),000		10,000)	D		
Option to Buy Common Stock	\$33.02								01/06/2000	5 0	1/06/2016	Comm		,000		6,000		D		
Option to Buy Common Stock	\$29.97								01/03/2003	7 0:	1/03/2017	Comm		3,400		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.

Remarks:

Robert L. Hayter, by Power of

01/09/2012

Date

** Signature of Reporting Person

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.