FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nachinaton	$D \subset$	20540	
Vashington,	D.C.	20549	

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STATEMENT	UF	CHANGES	IIA C	DENELIC	/IAL	OWNERS	HIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours por rosponso:	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* Banks Margaret Katherine					H	2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL]									(Che	5. Relationship of Re (Check all applicable X Director		Reporting Person(s) to Issue ble) 10% Own		/ner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/07/2023										Officer (below)	give title		Other (s below)	pecify	
3000 N. SAM HOUSTON PARKWAY E.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)	ON T.	X	77032											X	´						
(City)	(S	tate)	(Zip)		R	Rule	10b5	5-1(c) T	ransa	actio	on Ir	ndication	on							
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										o satisfy								
		Та	ble I - Nor	ı-Deri	ivati	ve Se	curiti	ies A	Acqu	iired,	Disp	osec	d of, or	Bene	ficially	Owned					
Date				Date	nsactio	Executio Day/Year) if any			cution Date,		3. Transaction Code (Instr. 8) 4. Sec Dispos		curities Acquired (A) sed Of (D) (Instr. 3, 4		A) or B, 4 and	5. Amoun Securities Beneficia Owned Fo	Formula (D) (D) (I) (I) (I)		Direct Indirect I	7. Nature of ndirect Beneficial Ownership	
										Code	V Amou		unt	A) or Price		Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)	
Common Stock															14,625			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
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	ite,		ansaction of			of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Securities Underlyi Derivative Security (Instr. 3 and 4)		lying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expi Date	ration	Title	Amo Num Shar							
12/2023 Restricted Stock Units	(1)	12/07/2023			Α		4,826			(2)		2) Common Stock		4	4,826 \$0		4,826		D		
12/2022 Restricted Stock Units	(1)									(2)		(2)	Commor Stock	5,00	9.62(3)		5,009.6	i2 ⁽³⁾	D		
12/2021 Restricted Stock	(1)									(2)		(2)	Commor Stock	8,07	6.82(3)		8,076.8	2(3)	D		

Explanation of Responses:

- 1. Each restricted stock unit represents a right to receive one share of the Company's common stock.
- 2. The restricted stock units vest in one year on the first anniversary of the award. Shares will be delivered to the reporting person either upon vesting, or if reporting person elected to defer receipt, following cessation as a director.
- 3. Includes dividend equivalent units through September 30, 2023.

/s/ Sarah I. Rubenfeld, by Power of Attorney ** Signature of Reporting Person

12/08/2023

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.