FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C. 20549	
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STATEMENT O	F CHANGES IN	BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								
hours ner resnonse:	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*  Jones Myrtle L  (Last) (First) (Middle)  3000 NORTH SAM HOUSTON PARKWAY E.					2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [ HAL ]  3. Date of Earliest Transaction (Month/Day/Year) 09/19/2023								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
													X Officer (give title Other (specify below)  Senior Vice Pres - Tax						
					_ 4.	If Ame	ndme	nt, Date o	f Original	Filed	(Month/Day	y/Year)		dividual or J	oint/Group	Filing	(Check App	olicable	
(Street) HOUST	ON T	X	77032		_								X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		R	Rule 10b5-1(c) Transaction Indication													
						Chec	ck this	box to indi	cate that a	transa		ade pursuan		act, instruction	n or written p	olan tha	at is intended	to satisfy	
		Tal	ole I - Noi	n-Der	ivativ	e Se	curi	ties Ac	quired,	Dis	posed of	f, or Ber	eficiall	y Owned					
'''' '''		Date	. Transaction late Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disposed Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 and 5		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)			
Common Stock			09/1	19/202	9/2023		М		8,400	A	\$40.7	5 50,52	50,526.225		D				
Common Stock		09/1	19/2023				S <sup>(1)</sup>		8,400	D	\$43	42,12	42,126.225		25 D				
Common Stock		09/1	09/19/2023				M		8,400	A	\$38.9	50,52	26.225 D		D				
Common Stock		09/1	19/2023				S <sup>(1)</sup>		8,400	D	\$43	42,126.225			D				
			Table II -	Deriv	ative	Sec	uriti	es Acqı	uired, C	)isp	osed of, onvertib	or Bene	ficially	Owned					
Derivative   Conversion		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative		6. Date Exercisa Expiration Date (Month/Day/Yea		sable and e Amoun ar) Securit		d f Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	ion(s)			
Option to Buy Common Stock	\$38.95	09/19/2023			M			8,400 <sup>(2)</sup>	12/02/20	)15	12/02/2025	Common Stock	8,400	\$0	0		D		
Option to Buy Common Stock	\$40.75	09/19/2023			M			8,400 <sup>(2)</sup>	12/03/20	)14	12/03/2024	Common Stock	8,400	\$0	0		D		
Option to Buy Common Stock	\$43.38								12/06/20	)17	12/06/2027	Common Stock	5,800		5,800	)	D		
Option to Buy Common Stock	\$53.54								12/07/20	)16	12/07/2026	Common Stock	5,100		5,100	)	D		
Option to Buy Common	\$50.62								12/04/20	013	12/04/2023	Common Stock	5,700		5,700	)	D		

## **Explanation of Responses:**

- $1. \ The \ sale \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person \ on \ February \ 7, \ 2023.$
- 2. Options disposed of through exercise pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on February 7, 2023.

/s/ Sarah I. Rubenfeld, by Power of Attorney

09/20/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).