## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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 1	ine in	ivesimen	l Coi	прапу Ас	1 01 18	140								
1. Name and Address of Reporting Person*  McKeon Timothy						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					
(Last) (First) (Middle) 3000 N. SAM HOUSTON PARKWAY E.						3. Date of Earliest Transaction (Month/Day/Year) 08/17/2016										X Officer (give title Other (specify below) below)  Vice Pres and Treasurer						
(Street)	ON T	X	77032		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Appli Line)  X Form filed by One Reporting Person Form filed by More than One Reportir									
(City)	(S	tate)	(Zip)													Person						
		Tab	le I - No	n-Deriv	ative	Se	ecurit	ies /	Acq	uired,	Dis	posed	of, o	r Ben	efici	ally	Owne	d				
			Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		5)				5. Amount of Securities Beneficially Owned Following Reported		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		Transaction(s) (Instr. 3 and 4)					
Common				08/17		/2016				G	V	200				0	18,603		D			
Common						3/2016				G	V	100			<u> </u>	1.00	-	18,503		D		
						/2016				D	137(1)			D	\$44.99				D			
			Table II -									onvert					wnea					
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	Date,	4. Transactio Code (Inst 8)		on of		e (N s	6. Date Exercis Expiration Dat (Month/Day/Ye			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)		ate xercisable		xpiration ate	Title	N O	Amour or Numbe of Shares	r						
Option to Buy Common Stock	\$38.95								1	.2/02/2015	5 1	2/02/2025	Com	nmon ock	8,300	)		8,300		D		
Option to Buy Common Stock	\$40.75								1	2/03/2014	1	2/03/2024		imon ock	8,500	)		8,500		D		
Option to Buy Common Stock	\$50.62								1	2/04/2013	3 1	2/04/2023	Com	imon ock	5,600	)		5,600		D		
Option to Buy Common Stock	\$36.31								0	01/03/2013	3 0	1/03/2023		imon ock	4,900			4,900		D		
Option to Buy Common Stock	\$34.15								0	01/03/2012	2 0	1/03/2022		imon ock	5,400	)		5,400		D		
Option to Buy Common Stock	\$45.43								0	05/16/2011	. 0	5/16/2021		imon ock	4,550	)		4,550		D		
Option to Buy Common	\$49.48								0	05/16/2008	0	5/16/2018		imon ock	3,000			3,000		D		

## **Explanation of Responses:**

## Remarks:

Robert L. Hayter, by Power of <u>Attorney</u>

<sup>1.</sup> 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.

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

- $^{\star}$  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.