FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

	3 ,	OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATEMENT OF CHANGES IN DENEFICIAL OWNERSHIP	OMB Number: Estimated average burd	3235-0287		
		hours per response:	0.5		
	or Section 30(h) of the Investment Company Act of 1940				

					or	Sect	ion 30(h) of the	e Investmen	t Co	mpany Act	of 1940								
1. Name and Address of Reporting Person* Pope Lawrence J					Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL] Jate of Earliest Transaction (Month/Day/Year) 03/16/2006									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 1401 MCKINNEY STREET														below	Officer (give title below) Vice Pres, HR and Admin			specify		
SUITE 2400 (Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
HOUSTON TX 77010 (City) (State) (Zip)				-																
		Tab	le I - No	n-Deri	vative	e Se	curiti	es A	cauired.	Dis	posed (of. or Bo	enef	icially	/ Owne					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	tion 2A. Deemed Execution Date,			3. 4. Securities Acquired (. Disposed Of (D) (Instr. 3			ed (A)	5. Amour 4 and 5) Securitie Beneficia Owned F		unt of ies ially Following	Forr (D)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(D)		rice	Reporte Transac (Instr. 3	and 4)			(Instr. 4)			
Common	Common Stock 03/16/2				6/2006				S		1,815.	82 D	9	69.92	39,	573.01		D		
		Т	able II -						quired, D s, option						Owned					
1. Title of Derivative Security (Instr. 3)	title of 2. 3. Transaction Date Execution Date, if any		ed n Date,	4. Transa	4. Transaction Code (Instr. 8) S A		umber vative urities uired or osed)) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8	B. 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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Nun of Sha							
Option to Buy Common Stock	\$54.5								12/03/1997	1	2/03/2007	Common Stock	2,0)25		2,025		D		
Option to Buy Common Stock	\$29.06								02/17/1999	0	2/17/2009	Common Stock	2,4	127		2,427		D		
Option to Buy Common Stock	\$39.5								12/02/1999	1	2/02/2009	Common Stock	1,9	960		1,960		D		
Option to Buy Common Stock	\$42.5								04/03/2000	0	4/03/2010	Common Stock	58	30		580		D		
Option to Buy Common Stock	\$31.55								07/19/2001	0	7/19/2011	Common Stock	5,1	.75		5,175		D		
Option to Buy Common Stock	\$28.86								03/16/2004	0	3/16/2014	Common Stock	6,9	950		6,950		D		
Option to Buy Common Stock	\$41.79								02/17/2005	0	2/17/2015	Common Stock	6,0	000		6,000		D		
Option to Buy Common Stock	\$64.78								12/07/2005	1	2/07/2015	Common Stock	3,5	500		3,500		D		
Option to Buy Common Stock	\$39.55								02/23/2001	0	2/23/2011	Common Stock	2,1	.00		2,100		D		

Explanation of Responses:

Remarks:

Robert L. Hayter, by Power of 03/17/2006 Attorney

** 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.