#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

ı										
	OMB Number:	3235-0287								
Estimated average burden										
l	haura nar raananaa.	0.1								

# 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	Secti	ion 30(	h) of th	e Investmei	nt Co	mpany Aci	t of 194									
1. Name and Address of Reporting Person*  Brown James S						2. Issuer Name <b>and</b> Ticker or Trading Symbol HALLIBURTON CO [ HAL ]									Relationship heck all app Direc	licable)	ng Per	rson(s) to Iss			
(Last) (First) (Middle) 1125 17TH STREET SUITE 1900						3. Date of Earliest Transaction (Month/Day/Year) 12/06/2013										X Officer (give title Other (specify below)  President - Western Hemisphere					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
DENVER CO 80202  (City) (State) (Zip)				-								Form filed by More than One Reporting Person									
(- 3)	,-	•		n-Deriv	vative	e Se	curit	ies A	cauired.	Dis	posed	of. or	Bene	ficia	lly Owne	d					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action	ction 2A. Deemed Execution Date,			3. 4. Securiti Transaction Disposed Code (Instr. 5)			ities Acquired (A) o d Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	unt of ies cially Following ed	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	t (A) or (D)		Price		ction(s) 3 and 4)					
Common Stock			12/0	12/06/2013				D		3,159	B,159 <sup>(1)</sup> D		\$ <del>5</del> 0.	56 329	,688.22		D				
		Т							quired, E s, option						y Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ution Date, Transaction of Expiration Date of Secur				ırities /ing ive Sed	curity	Derivative Security (Instr. 5) Bene Own Follo Repo		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)							
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	mber							
Option to Buy Common Stock	\$50.62								12/04/201	3 1	2/04/2023	Comm Stoc		5,500		45,500	)	D			
Option to Buy Common Stock	\$33.5								12/05/201	2 1	2/05/2022	Comm Stoc		5,900		56,900	)	D			
Option to Buy Common Stock	\$35.57								12/06/201	1 1	2/06/2021	Comm Stoc		3,700		43,700	)	D			
Option to Buy Common Stock	\$39.19								12/01/201	0 1	2/01/2020	Comm Stock		5,100		26,100	)	D			
Option to Buy Common Stock	\$29.35								12/01/200	9 1	2/01/2019	Comm Stock		5,600		45,600	)	D			
Option to Buy Common Stock	\$35.67								02/13/200	8 0	2/13/2018	Comm		),000		10,000	)	D			
Option to Buy Common Stock	\$33.02								01/06/200	6 0	1/06/2016	Comm Stock		,000		6,000		D			
Option to Buy Common	\$29.87								01/03/200	7 0	1/03/2017	Comm	on 13	3,400		13,400	)	D			

#### **Explanation of Responses:**

## Remarks:

<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.

#### <u>Attorney</u>

\*\* 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.