FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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 or Section 30(h) of the Investment Company Act of 1940

					Oi	JCC	dioii oc	(11)	OI LIIC	, illivestillei	it Co	ripariy Aci	. 01 13-	o								
1. Name and Address of Reporting Person* Pope Lawrence J					2. Issuer Name and Ticker or Trading Symbol HALLIBURTON CO [HAL]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director							
(Last) (First) (Middle) HALLIBURTON COMPANY 3000 N. SAM HOUSTON PARKWAY E.						3. Date of Earliest Transaction (Month/Day/Year) 12/05/2017										below	Officer (give title Other (specify below) EVP Administration & CHRO					
(Street)			77032		_ 4.1	4. If Amendment, Date o								Line)	Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)													Person						
		Tab	le I - No	n-Deri	vative	e S	ecur	itie	s Ad	cquired,	Dis	posed	of, or	Bene	ficially	Owne	d					
Date			2. Trans Date (Month/			2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disposed (Code (Instr. 5)		ties Acquired (A) o d Of (D) (Instr. 3, 4 a			5. Amou Securiti Benefici Owned	es ially Following	Forn (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
										Code	V	Amount	Amount (A		Price	Transaction(s) (Instr. 3 and 4)				(,		
Common					5/2017	-				F		4,246	-			1	299.908		D			
Common	Stock			<u> </u>	5/2017					F		1,695	_		\$43.89		504.908		D			
		1	able II -							uired, C s, optior						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,		ransactior Code (Instr.		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		urity (8. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	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 ares							
Option to Buy Common Stock	\$53.54									12/07/201	6 1	2/07/2026	Comn		,500		30,500)	D			
Option to Buy Common Stock	\$38.95									12/02/201	5 1	2/02/2025	Comn Stoc		,500		44,500)	D			
Option to Buy Common Stock	\$40.75									12/03/201	4 1	2/03/2024	Comn		,400		47,400)	D			
Option to Buy Common Stock	\$50.62									12/04/201	3 1	2/04/2023	Comn		,400		29,400)	D			
Option to Buy Common Stock	\$33.5									12/05/201	2 1	2/05/2022	Comn		,500		38,500		D			
Option to Buy Common Stock	\$35.57									12/06/201	1 1	2/06/2021	Comn		,300		28,300)	D			
Option to Buy Common Stock	\$39.19									12/01/201	0 1	2/01/2020	Comn		,000		23,000)	D			
Option to Buy Common	\$29.35									12/01/200	9 1	2/01/2019	Comn		,500		26,500)	D			

Explanation of Responses:

^{1.} 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.

Bruce A. Metzinger, by Power 12/07/2017 of 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.