FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.0	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	on 30(h) of the	e Investmer	t Cor	npany Act	ot 1940									
1. Name and Address of Reporting Person* Beaty Anne L.					2. Issuer Name and 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.					Date o		est Trai	nsaction (M	onth/	Day/Year)	X Officer (give title Other (specify below) Senior VP, Finance										
(Street) HOUSTON TX 77032				4. I	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 Form filed by More than One Reporting							
(City) (State) (Zip)															Perso				9		
						tive Securities Acquired, Disposed of, or Beneficion 2A. Deemed 3. 4. Securities Acquired (A)															
1. Title of Security (Instr. 3)			Date (Month/D		ear) E	Execution Date if any (Month/Day/Yea		, Transa Code (I	Transaction Code (Instr. 8)		t (A) or (D) (Instr. 3, 4			Securities Beneficially Owned Following Reported		Form: Direc (D) or Indirec (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
			04/00	VD 0 4 6	_			Code	V	Amount				Transac (Instr. 3	and 4)		<u></u>				
Common	Stock	Т	able II -	01/09 Deriva			urities	s Acc	uired, D	isp	1,601 ⁰ osed of			32.37 ally (6,349.542 ⁽²⁾ D					
1. Title of	2	1		(e.g., p	uts,		s, wai	rrant	s, optior	ıs, c	onverti	ble sec	uritie	s) ¯		9. Number	of	10	11. Nature		
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution	Date,	4. Transactic Code (Ins 8)				Expiration Date			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		[8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	is Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amor or Numl of Share	er							
Option to Buy Common Stock	\$43.38								12/06/201	7 1	2/06/2027	Common Stock	5,80	00		5,800		D			
Option to Buy Common Stock	\$55.68								01/03/201	7 0	1/03/2027	Common Stock	17,5	74		17,574		D			
Option to Buy Common Stock	\$34.48								01/04/201	5 0	1/04/2026	Common Stock	29,4	12		29,412	:	D			
Option to Buy Common Stock	\$39.49								01/02/201	5 0	1/02/2025	Common Stock	17,5	26		17,526		D			
Option to Buy Common Stock (11/2013)	\$53.13								11/05/201	3 1	1/05/2023	Common Stock	10,0	00		10,000		D			
Option to Buy Common Stock (01/13)	\$36.31								01/03/201	3 0	1/03/2023	Common Stock	9,30	00		9,300		D			
Option to Buy Common Stock	\$34.15								01/03/201	2 0	1/03/2022	Common Stock	7,50	00		7,500		D			
Option to Buy Common Stock	\$31.65								01/05/2010	0	1/05/2020	Common Stock	9,50	00		9,500		D			
Option to Buy Common	\$19.45								01/02/2009	9 0	1/02/2019	Common Stock	7,20	00		7,200		D			

Explanation of Responses:

2. Includes 79.455 shares of stock purchased through the Halliburton Company Employee Stock Purchase Plan for the period ended December 31, 2017.

Remarks:

/s/ Bruce A. Metzinger, by 01/11/2018 Power 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.