FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number:

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).

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Brown James S						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) 1125 17TH STREET SUITE 1900					3. Date of Earliest Transaction (Month/Day/Year) 12/07/2015								X Officer (give title Other (specify below) below)  President - Western Hemisphere						
(Street) DENVER CO 80202				_   4. I1	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					
(City)	(S	tate)	(Zip)												Person	ı			
		Tab	le I - No	n-Deriv	vative	Se	curiti	es A	cquired,	Dis	posed	of, or I	Benef	iciall	y Owned	ł			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					ur)   I	Execution	A. Deemed xecution Date, any Month/Day/Year)		Transaction D Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amou Securition Benefici Owned I Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount (A		or P	rice	Transac (Instr. 3	tion(s)				
Common Stock 12/07/2					2015			D		2,982	2 <sup>(1)</sup> D \$3		38.01		306,380.364		D		
		٦	Table II -						quired, [ s, optio						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,		Transaction Code (Instr.		n of Ex		s. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. 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 Exercisab		expiration Pate	Title	Ame or Nun of Sha						
Option to Buy Common Stock	\$38.95								12/02/201	5 1	2/02/2025	Commo Stock	<sup>n</sup> 58,	700		58,700	)	D	
Option to Buy Common Stock	\$40.75								12/03/201	4 1	2/03/2024	Commo Stock	<sup>n</sup> 59,	500		59,500	)	D	
Option to Buy Common Stock	\$50.62								12/04/201	3 1	2/04/2023	Commo Stock	<sup>n</sup> 45,	500		45,500	)	D	
Option to Buy Common Stock	\$33.5								12/05/201	2 1	2/05/2022	Commo Stock	<sup>n</sup> 56,	900		56,900	)	D	
Option to Buy Common Stock	\$35.67								12/06/201	1 1	2/06/2021	Commo Stock	<sup>n</sup> 43,	700		43,700	)	D	
Option to Buy Common Stock	\$39.19								12/01/201	0 1	2/01/2020	Commo Stock	<sup>n</sup> 26,	100		26,100	)	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.

### Remarks:

Robert L. Hayter, by Power of

12/09/2015

**Attorney** 

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).