FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB	APPROVAL

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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

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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 Officer (give title Other (specify						
(Last) (First) (Middle) 1125 17TH STREET SUITE 1900				3. Date of Earliest Transaction (Month/Day/Year) 01/09/2017									x officer (give the below) President - West			below)	, ,		
(Street)		80202		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)											nt/Group Filing (Check Ap d by One Reporting Perso		·	
		(Zip)												Form 1 Perso		re tha	n One Repo	orting	
		Tab	le I - No	n-Deriv	/ative	e Se	curiti	es Ao	cquired,	Dis	posed (of. or B	enefi	cially	/ Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action	ction 2A. Deemed Execution Date,		3. 4. Sec Transaction Dispos Code (Instr. 5)		4. Securi	rities Acquired (A) ed Of (D) (Instr. 3, 4		or 5. Amou 4 and Securiti Benefic Owned		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	Pr	ice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock			01/09/201)17		F		485(1	(1) D \$		55.68	159,1	30.794		D			
		7	able II -	Deriva (e.g., p	tive s	Sec call	urities s, wa	Acc rant	uired, D s, optior	ispo is, c	sed of onverti	, or Be	nefici curitie	ally (es)	Owned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Tr ity or Exercise (Month/Day/Year) if any Co			ransaction of Ex code (Instr. Derivative (M		Expiration	. Date Exercisable and xpiration Date Month/Day/Year)			nd Amo ities ng e Secu and 4)	[8. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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 Exercisabl		xpiration ate	Title	Amo or Num of Shar	ber					
Option to Buy Common Stock	\$53.54								12/07/201	5 12	2/07/2026	Common Stock	40,1	100		40,100)	D	
Option to Buy Common Stock	\$38.95								12/02/201	5 12	2/02/2025	Common Stock	58,7	700		58,700)	D	
Option to Buy Common Stock	\$40.75								12/03/201	4 12	2/03/2024	Common Stock	59,5	500		59,500)	D	
Option to Buy Common Stock	\$50.62								12/04/201	3 12	2/04/2023	Common Stock	45,5	500		45,500)	D	
Option to Buy Common Stock	\$33.5								12/05/201	2 12	2/05/2022	Common Stock	56,9	000		56,900)	D	
Option to Buy Common Stock	\$35.57								12/06/201	12	2/06/2021	Common Stock	43,7	700		43,700)	D	

Explanation of Responses:

\$39.19

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.

12/01/2010

Remarks:

Option to Buy

Stock

Robert L. Hayter, by Power of

26,100

01/10/2017

26,100

D

Common

12/01/2020

Date

** Signature of Reporting Person

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.