Edgar Filing: FLUOR CORP - Form 4

FLUOR CC Form 4 February 08											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
	Check this box if no longer CTLATED (EDUTE OF CHANCES DUPENEDICIAL ON DEDSHIP OF								Expires:	January 31,	
subject to STATEMENT OF CHANGES					ES IN BENEFICIAL OWNERSHIP C				Estimated average		
Section		SECURITIES							burden hours per		
Form 4 Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5	
obligatio	ons Section 1						-	1935 or Section	h		
may con <i>See</i> Instr	itinue.			vestment	•	-	•				
1(b).	ruction	()			· · ·	5					
(Print or Type	Responses)										
1 Name and	Address of Reportir	ng Person *	.	N	I.T. 1			5 Relationship of	Reporting Pers	on(s) to	
MCNIAMADA DODEDT A				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
FLUOR CORP [FLR]											
				e of Earliest Transaction				(Check all applicable)			
(Eust)	(THSt)	(initiatio)		h/Day/Year)				Director 10% Owner			
C/O FLUOR CORPORATION, ONE 02/05/2				5/2005				_X_Officer (give titleOther (specify			
ENTERPRISE DRIVE below) below) Group Executiv											
(Street) 4. If Ame			nendment, Date Original			6. Individual or Joint/Group Filing(Check					
			-				Applicable Line)				
X Form filed							One Reporting Person More than One Reporting				
ALISO VII	EJO, CA 92656							Person	ore than One Re	porung	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acau	iired, Disposed of,	or Beneficial	v Owned	
1.Title of	2. Transaction Da	ta 24 Daa		3.			-	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Yea		med 3. 4. Securities Action Date, if Transaction(A) or Disposed				Securities	0. Ownership	Indirect		
(Instr. 3)		any		Code (Instr. 3, 4 and 5)				Beneficially	Form: Direct		
	Day/Year)) (Instr. 8)				Owned Following	· /	Ownership (Instr. 4)			
						(\mathbf{A})		Reported	(Instr. 4)	(Instr. 1)	
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Common	00/05/2005			Б	1 70 4	D	\$	10.222	D		
Stock	02/05/2005			F	1,794	D	58.075	49,323	D		
							(1)				

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MCNAMARA ROBERT A C/O FLUOR CORPORATION ONE ENTERPRISE DRIVE ALISO VIEJO, CA 92656			Group Executive					
Signatures								
/s/ Eric P. Helm by Power of								
Attorney		02/08/2005	5					
**Signature of Reporting Person		Date						
Explanation of Responses:								
* If the form is filed by more than on	a non-ontina	managen and Inc	transition 1(h)(m)					

- * 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).
- (1) Price is based on average of high and low sale prices on 2/4/2005.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.