## Edgar Filing: OHARE DEAN R - Form 4

OHARE DI Form 4								
November :	ЛЛ				OMB AI	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						3235-0287		
Check t if no lor subject Section Form 4 Form 5 obligation <i>See</i> Inst 1(b).	nger to 16. or Filed put ons ntinue.	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						
(Print or Type	Responses)							
1. Name and Address of Reporting Person <u>*</u> OHARE DEAN R			. Issuer Name <b>and</b> Ticker or Trading mbol LUOR CORP [FLR]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(First) ( PR CORPORATIONAS BOULEVA	(M DN, 6700 11	Date of Earliest Transaction onth/Day/Year) /11/2011	X Director Officer (give t below)	10%	b Owner er (specify		
(Street) IRVING, TX 75039			If Amendment, Date Original ed(Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities		or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Y	3.4. Securitiese, ifTransactionAcquired (A) orCodeDisposed of (D)	5. Amount of 6. Securities For Beneficially (E Owned (E) Following (In Reported Transaction(s) (Instr. 3 and 4)	Ownership orm: Direct )) or Indirect	7. Nature of Indirect		
Reminder: Re	port on a separate line	e for each class o	information con required to resp	or indirectly. spond to the collect itained in this form a bond unless the form ently valid OMB cont	ire not 1	EC 1474 (9-02)		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom stock units	<u>(1)</u>	11/11/2011		А		640.5971		(2)	(2)	Common Stock	640.5971

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
OHARE DEAN R C/O FLUOR CORPORATION 6700 LAS COLINAS BOULEVARD IRVING, TX 75039	Х						
Signatures							
/s/ Eric P. Helm by Power of Attorney	11/1:	5/2011					
<pre>**Signature of Reporting Person</pre>	1	Date					

## **Explanation of Responses:**

\* 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) Each phantom stock unit is the economic equivalent of one share of Fluor common stock.

These phantom units were acquired under the Fluor Corporation 409A Deferred Directors' Fees Program (the "Program") and are to be settled in cash. Distributions will be made, at the election of the reporting person, either (i) in the distribution year specified by the

(2) reporting person or (ii) upon the reporting person's termination of service as a director, death or disability, in a single lump sum payment or annual installment payments over a period of two to ten years. The reporting person may transfer the phantom units into an alternative investment at any time. However, unvested units granted as matching contributions under the Program shall be forfeited by the reporting person to the extent attributable to the transferred units.

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.