Edgar Filing: FLUOR CORP - Form 4

FLUOR CC	ORP												
Form 4													
March 13, 2	2008												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS								OMB APPROVAL					
	UNITED	STATES S		RITIES A shington			ANGE C	OMMISSION	OMB Number:	3235-0287			
Check t									Expires:	January 31,			
	subject to STATEMENT OF CHAI				NGES IN BENEFICIAL OWNER				Estimated a	2005 average			
Section	16.	SECURITI						burden hours per					
Form 4									response 0.5				
Form 5 obligation	-						•	Act of 1934,					
may cor				•	•	-	•	1935 or Section					
See Inst	ruction	30(n) o	i the li	nvestmen	t Compa	iny A	ct of 1940	0					
1(b).													
(Print or Type	Responses)												
1													
1. Name and Address of Reporting Person [*] _2. Issuer Name and Ticker or Trading 5. Relationship of Relationsh							Reporting Person(s) to						
GILBERT H STEVEN Symbol				-				Issuer					
				R CORP [FLR]				(Check all applicable)					
				of Earliest T	Transaction	ı		(Check	(Check all applicable)				
				h/Day/Year)				Director 10% Owner					
C/O FLUOR CORPORATION, 6700 03/12/2				2/2008 -2			_XOfficer (give titleOther (specify						
LAS COLI	NAS BOULEVA	RD						below)	below) enior V.P.				
	(Street)	/	1 If Am	andmant D	ata Origin	al.				c(Chaolr			
			nendment, Date Original Ionth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)						
T ned(me				Shull Day (Teal)				_X_ Form filed by One Reporting Person					
IRVING, T	TX 75039							Form filed by Me Person	ore than One Rej	porting			
		(7.)						reison					
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivativ	e Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned			
1.Title of	2. Transaction Date	2A. Deemed	l	3.			equired (A)	5. Amount of	6.	7. Nature of			
Security	(Month/Day/Year)	Execution D	ate, if	Transactio				Securities	Ownership	Indirect			
(Instr. 3)		any (Month/Day/Year)		Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Form: Direct (D)	Beneficial Ownership			
		(Wolds Duy	/1001)	(1150.0)				Following	or Indirect	(Instr. 4)			
						(A)		Reported	(I)				
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)				
~				Code V	Amount	(D)	Price	(insu: 5 and 4)					
Common Stock	03/12/2008			S	427	D	\$ 139.6442	2 19,602	D				

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt 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				
GILBERT H STEVEN C/O FLUOR CORPORATION 6700 LAS COLINAS BOULEVARD IRVING, TX 75039			Senior V.P.					
Signatures								
/s/ Eric P. Helm by Power of Attorney	03/13	3/2008						
**Signature of Reporting Person]	Date						
Explanation of Responses:								

analion of nesponses.

* 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. 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.