Edgar Filing: FLUOR CORP - Form 4

FLUOR CORP

Form 4)17										
March 08, 2017									OMB APPROVAL		
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				IGES IN BENEFICIAL OWNE SECURITIES					NERSHIP OF	Expires: Estimated a burden hou response	•
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17(a	a) of the		tility Ho	old	ing Con	npany	Act of	e Act of 1934, 7 1935 or Section 40	·	
(Print or Type F	Responses)										
1. Name and A Flowers Gar	2. Issuer Name and Ticker or Trading Symbol FLUOR CORP [FLR]						5. Relationship of Reporting Person(s) to Issuer				
							(Check all applicable)				
				ate of Earliest Transaction nth/Day/Year) 06/2017					Director 10% Owner X Officer (give title Other (specify below) below) Executive Vice President		
	(Street) 4. If Amendme Filed(Month/Da				lment, Date Original /Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 		
IRVING, T	X 75039								Form filed by M Person		
(City)	(State)	(Zip)	Tabl	e I - Non	-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		3. Transac Code (Instr. 8	ction 3)	4. Securi n(A) or Di (Instr. 3, Amount	ties A spose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of
Common Stock	03/06/2017			F <u>(1)</u>		1,718	D	\$ 55.04	60,443	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. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Flowers Garry William C/O FLUOR CORPORATION 6700 LAS COLINAS BOULEVARD IRVING, TX 75039			Executive Vice President					
Signatures								
/s/ Eric P. Helm by Power of Attorney	03/08	8/2017						
**Signature of Reporting Person]	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).

Pursuant to the Issuer's Amended and Restated 2008 Executive Performance Incentive Plan and the terms of the related award agreement, each time shares of common stock are issued upon the vesting of restricted stock units, a portion of the shares are automatically withheld by the Issuer to satisfy the resulting tax withholding obligation. In connection with the vesting of 10,870 shares of restricted stock units

(1) by the issuer to satisfy the resulting tax withinforming obligation. In connection with the vesting of 10,870 shares of resulted stock units held by the Reporting Person on 3/6/2017, the Issuer has withheld 1,718 shares of common stock to satisfy the resulting tax withholding obligation. The withholding of these shares occurred automatically upon the vesting of the restricted stock units, and as such, no investment decision was made by the Reporting Person in connection with this transfer.

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.