## Edgar Filing: FLUOR CORP - Form 4

FLUOR CO Form 4 May 05, 2014										
FORM	14								PPROVAL	
Washi				ITIES AND EXCHANGE COMMISSIC hington, D.C. 20549				OMB Number:	3235-0287	
Check thi if no long		-				Expires:	January 31,			
subject to		IENT OF CHAI	GES IN BENEFICIAL OWNE				NERSHIP OF	Estimated	2005 average	
Section 1		SECURITIES						burden hou	•	
Form 4 or Form 5			$1(1) = f_{1}$	. C		. 1	A	response	0.5	
obligation	<b>*</b>	suant to Section a) of the Public U					-			
may cont	inue. Section 17(a	30(h) of the I	•	•	- ·			)[]		
See Instru 1(b).	iction	50(II) 01 the I	livestillent	Compan	y Aci	. 01 1 )	40			
1(0).										
(Print or Type F	Responses)									
	ddress of Reporting I	Person <u>*</u> 2. Issue	er Name <b>and</b>	Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to			
SULTAN N	ADER HAMAD	Symbol					Issuer			
FLUOF			LUOR CORP [FLR]				(Check all applicable)			
(Last)	(First) (M	Aiddle) 3. Date of	of Earliest Tra	ansaction						
			/Day/Year)			_X_ Director 10% Owner Officer (give title Other (specify				
C/O FLUOR CORPORATION, 6700 05/01/20 LAS COLINAS BOULEVARD			$\frac{114}{\text{below}}$				below)	er (speeny		
LASCOLIN										
			mendment, Date Original			6. Individual or Joint/Group Filing(Check				
	Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
IRVING, T	X 75039						Form filed by I			
							Person			
(City)	(State)	(Zip) Tal	ole I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of		7. Nature of	
Security	(Month/Day/Year)			TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially (	Form: Direct	Indirect	
(Instr. 3)		any (Month/Dav/Year						(D) or Indirect (I)	Beneficial Ownership	
	(			Following		(Instr. 4)				
					(A)		Reported Transaction(s)			
			<u> </u>		or	D i	(Instr. 3 and 4)			
Common			Code V	Amount	(D)	Price				
Stock	05/01/2014		А	1,073	А	\$0	5,752	D		
Stock										

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. Transacti Code (Instr. 8)	5. Number on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D So (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(1)	05/01/2014		А	715	05/01/2015	05/01/2015	Common Stock	715	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Topologie Charles Charles	Director	10% Owner	Officer	Other			
SULTAN NADER HAMAD C/O FLUOR CORPORATION 6700 LAS COLINAS BOULEVARD IRVING, TX 75039	Х						
Signatures							
/s/ Eric P. Helm by Power of Attorney	05/0:	5/2014					
<u>**</u> Signature of Reporting Person	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 restricted stock unit represents a contingent right to receive the cash value of one share of Fluor common stock.

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.