Edgar Filing: FLUOR CORP - Form 4

FLUOR COR	P										
Form 4											
May 05, 2014	ŀ										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								PPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287			
Check this box if no longer									Expires:	January 31,	
subject to	STATE	EMENT O	F CHAN	HANGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 Laverage	
Section 16. SECURITIES									burden hours per		
Form 4 or Form 5				(.) . f 41	G	F -	1		response	0.5	
obligation	- ·			· · /			•	ge Act of 1934,			
may conti	nue. Section 1		of the Inv	•	•	• •		f 1935 or Sectio	m		
See Instru- 1(b).	ction	50(II)	of the my	estinent	company	Act	01 19	40			
1(0).											
(Print or Type R	esponses)										
	dress of Reportin	ng Person <u>*</u>	2. Issuer	Name and	Ticker or T	Fradin	g	5. Relationship of	Reporting Person(s) to		
SWANN LY	'NN C		Symbol	ymbol				Issuer			
			FLUOR CORP [FLR]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	insaction			(Check	ek all application	.)	
(M			(Month/Da	(Month/Day/Year)				X_ Director 10% Owner			
			05/01/20	05/01/2014				Officer (give title Other (specify below) below)			
LAS COLIN	AS BOULEV	ARD						001010)	001011)		
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Mont	Filed(Month/Day/Year)				Applicable Line)			
								X Form filed by Form filed by M			
IRVING, TX	75039							Person		porting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of	2. Transaction I			3.	4. Securit			5. Amount of	6. Ownership		
Security	(Month/Day/Ye		on Date, if TransactionAcquired (A) or Code Disposed of (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Securities	Form: Direct	Indirect Beneficial	
(Instr. 3)		any (Month/						•	(D) or Indirect (I)	Ownership	
		(((-)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
G				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Common Stock	05/01/2014			А	1,073	А	\$0	1,073	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. 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						
	Director	10% Owner	Officer	Other			
SWANN LYNN C C/O FLUOR CORPORATION 6700 LAS COLINAS BOULEVARD IRVING, TX 75039	Х						
Signatures							
/s/ Eric P. Helm by Power of Attorney	05/05	5/2014					
**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.