Edgar Filing: Stanski Bruce A - Form 4

Stanski Bruce A

Form 4 May 10, 201	0										
FORM								OMB APPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 o	ger STATE 6.	F CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES				NERSHIP OF	Expires: January 31 200 Estimated average burden hours per response 0.				
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17	7(a) of the 1	Section 16(a) of t Public Utility Ho of the Investmen	olding Con	npany	y Act of	1935 or Section				
(Print or Type F	Responses)										
			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer					
			FLUOR CORP [FLR]				(Check all applicable)				
	(First) R CORPORATI		3. Date of Earliest (Month/Day/Year) 05/07/2010	Transaction			Director X Officer (give below) Gro		Owner er (specify		
(Street) 4			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mon IRVING, TX 75039				Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non	Derivative	Secur	ities Aca	uired, Disposed of	or Beneficial	lv Owned		
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any	ned 3. n Date, if Transac Code Day/Year) (Instr. 8	4. Securi tion(A) or Di (Instr. 3,	ties A spose 4 and (A) or	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	05/07/2010		F	684 <u>(1)</u>		\$ 45.95	15,042	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)		onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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				
Stanski Bruce A C/O FLUOR CORPORATION 6700 LAS COLINAS BOULEVARD IRVING, TX 75039			Group President					
Signatures								
/s/ Eric P. Helm by Power of Attorney	05/10	0/2010						
**Signature of Reporting Person]	Date						
Evaluation of Poenoncoci								

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 2008 Executive Performance Incentive Plan and the terms of the related award agreement, each time shares of restricted stock vest or shares of common stock are issued upon the vesting of restricted stock units, a portion of the shares are (1) automatically withheld by the Issuer to satisfy the resulting tax withholding obligation. In connection with the vesting of 2,123 restricted

stock units held by the Reporting Person on May 7, 2010, the Issuer has withheld 684 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.