FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* BENNETT ALAN M				FLU	2. Issuer Name and Ticker or Trading Symbol FLUOR CORP [FLR]									ck all applic	,		rson(s) to Issuer		
(Last)	(Fi	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/02/2018										Officer (give title below)		Other (s below)	pecify
C/O FLUOR CORPORATION 6700 LAS COLINAS BOULEVARD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person					
(Street) IRVING	T	K :	75039													ed by More		oning Person	
(City)	(St	ate) (Zip)																
		Tab	le I - N	on-Deriv	ative \$	Sec	urities	Acc	quired, [Disp	osed o	f, or B	ene	ficiall	y Owned	l			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5)				5. Amou Securitie Benefici Owned	es Formalist (D)		: Direct of the control of the contr	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	mount (A) or (D)		Price				·. 4)	Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
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 (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	ımber					
Phantom Stock	(1)	10/02/2018			A		25.0148		(2)		(2)	Commo	n 25	5.0148	\$60.25	7,201.87	743	D	

Explanation of Responses:

- 1. Each phantom stock unit is the economic equivalent of one share of Fluor common stock.
- 2. These phantom units were acquired under the Fluor Corporation 409A Director Deferred Compensation Program (the "Program") through the crediting of dividends and are to be settled in cash. Distributions will be made, at the election of the reporting person, either (i) in the distribution year specified by the reporting person or (ii) upon the reporting person's termination of service as a director, death or disability, in a single lump sum payment or annual installment payments over a period of two to ten years. The reporting person may transfer the phantom units into an alternative investment at any time. However, unvested units granted as matching contributions under the Program shall be forfeited by the reporting person to the extent attributable to the transferred units.

Remarks:

/s/ Eric P. Helm by Power of Attorney

10/04/2018

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.