1. Name and Address of Reporting Person*  
BOECKMANN ALAN L  
(Last)  
(First)  
(Middle)  
(Street)  
(City)  
(State)  
(Zip)  

2. Issuer Name and Ticker or Trading Symbol  
FLUOR CORP [ FLR ]  

3. Date of Earliest Transaction (Month/Day/Year)  
05/07/2003  

4. If Amendment, Date of Original Filed  

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
X Director  
X Officer (give title below)  
Chairman and CEO  

6. Individual or Joint/Group Filing (Check Applicable Line)  
X Form filed by One Reporting Person  
Form filed by More than One Reporting Person  

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
<th>Code</th>
<th>V</th>
<th>Amount</th>
<th>(A) or (D)</th>
<th>Price</th>
</tr>
</thead>
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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. Transaction Code (Instr. 8) | 5. Number 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 Securities Underlying Derivative Security (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Code | V | (A) | (D) |
|------------------------------------------|-----------------------------------------------------|------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------|------------------------------------------------------------------|----------------------------------------|----------------------------------|-------------------------------------------------|----------------------------------------|----------------------------------|-------|-------|-----------|--------|--------|
|                                          |                                                     |                                    |                                  |                                 |                                                 |                                                                  |                                        |                                  |                                  |                                        |                                    |       |       |           |        |        |

Explanation of Responses:  
1. The reporting person also owns 2804.6986 shares indirectly through 401(k) Plan.  
2. The option becomes exercisable on 2/4/07, subject to earlier vesting if certain performance criteria are met.  

Eric P. Helm by Power of Attorney  
05/09/2003  
** 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).  
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.