1. Name and Address of Reporting Person
   Towle Terry W

   (Last) (First) (Middle)
   C/O FLUOR CORPORATION
   6700 LAS COLINAS BLVD
   IRVING TX 75039

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

3. Date of Earliest Transaction (Month/Day/Year)
   09/30/2020

4. If Amendment, Date of Original Filed
   (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   Director 10% Owner  
   X Officer (give title below)  
   Group President

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>Stock/Option</th>
<th>Transaction Date</th>
<th>Deemed Execution Date</th>
<th>ADRs/Units</th>
<th>Price (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>09/30/2020</td>
<td></td>
<td>$0.00</td>
<td>51,505</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Stock/Option</th>
<th>Transaction Date</th>
<th>Deemed Execution Date</th>
<th>ADRs/Units</th>
<th>Price (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Stock Option (Right to Buy)</td>
<td>$8.81</td>
<td>09/30/2020</td>
<td>36,297</td>
<td>02/21/2030 Common Stock 36,297</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Granted as restricted stock units which vest in three equal annual installments beginning on March 6, 2021.
2. The options vest in three equal annual installments beginning on March 6, 2021.

Remarks:

/s/ Eric P. Helm by Power of Attorney 10/02/2020
** 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.