**SEC Form 4**

**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**
Chopra Robin K
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)**
03/06/2020

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

**5. Relationship of Reporting Person(s) to Issuer**
**X** Officer (give title below)
Sr Vice President & Controller

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

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### 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>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>03/06/2020</td>
<td></td>
<td></td>
<td>A</td>
<td>1,809</td>
<td>D</td>
<td>$8.85</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

1. In connection with the vesting of 6,667 restricted stock units held by the Reporting Person on 03/06/2020, the Issuer has withheld 1,809 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.

**Remarks:**

/s/ Eric P. Helm by Power of Attorney 03/09/2020
**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.**