1. Name and Address of Reporting Person

McClure Teri P

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)

10/01/2020

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

5. Relationship of Reporting Person(s) to Issuer

X Director

10% Owner

Officer (give title below)

Other (specify below)

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>3A. 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>10/01/2020</td>
<td></td>
<td></td>
<td>A</td>
<td>11,626 A</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

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

Explanation of Responses:

1. Granted as Restricted Stock Units which vested on October 1, 2020. These Restricted Stock Units are subject to a post-vest holding period until October 1, 2023, at which time shares will be issued (unless further deferred by the director pursuant to the Fluor Corporation 409A Director Deferred Compensation Program.)

Remarks:

/s/ Eric P. Helm by Power of Attorney

10/05/2020

** 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.