

HACKETT JAMES T  
Form 4  
April 03, 2003

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

Estimated average burden

hours per response...0.5

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549**

**FORM 4**

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935  
or Section 30(h) of the Investment Company Act of 1940**

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

---

**1. Name and Address of Reporting**

**Person\*** (*Last, First, Middle*) **2. Issuer Name and Ticker or**

**Trading Symbol 3. I.R.S. Identification Number of Reporting**

**Person, if an entity** (*Voluntary*) Hackett, James, T.

---

Fluor Corporation (FLR)

---

c/o Fluor Corporation One Enterprise Drive

---

4. Statement for Month/Day/Year 5. If Amendment, Date of Original (Month/Day/Year) 04/01/2003

---

---

(Street) 6. Relationship of Reporting Person(s)

to Issuer (Check All Applicable) 7. Individual or Joint/Group Filing

(Check Applicable Line) Aliso Viejo, CA 92656

---

(City) (State) (Zip)  Director  10% Owner  Form filed by One Reporting Person  Officer (give title below)   
Form filed by More than One Reporting Person  Other (specify below)

---

---

Edgar Filing: HACKETT JAMES T - Form 4

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).

---

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

---

**1. Title of Security**

*(Instr. 3)* **2. Transaction Date**

*(Month/Day/Year)* **2a. Deemed Execution Date, if any.**

*(Month/Day/Year)* **3. Transaction Code**

*(Instr. 8)* **4. Securities Acquired (A) or Disposed of (D)**

*(Instr. 3, 4 and 5)* **5. Amount of Securities Beneficially Owned Following Reported Transactions(s)**

*(Instr. 3 and 4)* **6. Ownership Form: Direct (D) or Indirect (I)**

*(Instr. 4)* **7. Nature of Indirect Beneficial Ownership**  
*(Instr. 4)*

---

**Code V Amount (A)**  
**or**  
**(D) Price**

---

---

**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)

---

Code V (A) (D)

---

Phantom stock units 1-for-1 04/01/2003 A(1) 20.163295

---

---

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

---

**6. Date Exercisable and Expiration Date**  
*(Month/Day/Year)* **7. Title and Amount of Underlying Securities**  
*(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 of Derivative Security: Direct (D) or Indirect (I)**  
*(Instr. 4)* **11. Nature of Indirect Beneficial Ownership**  
*(Instr. 4)*

---

**Date**  
**Exercisable Expiration**  
**Date Title Amount or**  
**Number of**  
**Shares**

---

Immed(1)	(1)	Common Stock	20.163295	--	4539.241134	D
----------	-----	--------------	-----------	----	-------------	---

---

**Explanation of Responses:**

(1)These phantom units were acquired under the Fluor Corporation Deferred Directors' Fees Program and are to be settled in cash upon the reporting person's termination of service as a director. Units are described as immediately exercisable because they may be transferred into an alternative investment.

/s/ Eric P. Helm 4/3/2003

---

**\*\*Signature of Reporting Person**

**Date**

---

\*\* 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.