## Edgar Filing: HOPKINS JOHN L - Form 4

HODVING JOHN I

Form 4	UHIN L												
March 09, 20										PROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB OMB Number:	3235-0287				
Check thi if no long subject to	ger STATE	EMENT OI		GES IN	BENEF		LOW	NERSHIP OF	Expires: Estimated a	•			
Section 16. SECURITIES Form 4 or Form 5 obligations may continue. See Instruction 1(b). SECURITIES Filed pursuant to Section 16(a) of the Securities I Section 17(a) of the Public Utility Holding Compar 30(h) of the Investment Company A							y Act of	Act of 1935 or Section					
(Print or Type F	Responses)												
HOPKINS JOHN L Syn				Name and		Tradi	ng	5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)	FLUOR CORP [FLR] First) (Middle) 3. Date of Earliest Transaction					(Chec	Check all applicable)					
				(Month/Day/Year) 03/06/2010				Director 10% Owner X Officer (give title Other (specify below) below) Group President					
	(Street) 4. If Amer Filed(Mon				-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
IRVING, TX	X 75039							Form filed by M Person	fore than One Re	porting			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Execution any		3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock	03/06/2010			Code V F	Amount 1,697	(D) D	Price \$ 44.65	(Instr. 3 and 4) 50,927	D				
Common Stock								4,249.8455 (2)	I	By 401(k) Plan			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
HOPKINS JOHN L C/O FLUOR CORPORATION 6700 LAS COLINAS BOULEVARD IRVING, TX 75039			Group President				
Signatures							
/s/ Eric P. Helm by Power of Attorney	03/09	9/2010					
**Signature of Reporting Person	1	Date					

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Pursuant to the Issuer's 2003 and 2008 Executive Performance Incentive Plans and the terms of the related award agreements, each time shares of restricted stock vest or shares of common stock are issued upon the vesting of restricted stock units, a portion of the shares are automatically withheld by the Issuer to satisfy the resulting tax withholding obligation. In connection with the vesting of 1,044 shares of

- (1) restricted stock and 4,209 restricted stock units held by the Reporting Person on 3/6/10, the Issuer has withheld 1,697 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 and restricted stock units, and as such, no investment decision was made by the Reporting Person in connection with this transfer.
- (2) Holdings are based on a plan statement dated as of 12/31/09.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.