FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

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

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* SCHUMANN WILLIAM H					2. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [FTI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) 200 EAS	st) (First) (Middle) 0 EAST RANDOLPH DRIVE				09/29	3. Date of Earliest Transaction (Month/Day/Year) 09/29/2003								X Officer (give title Other (specify below) below) VP and Chief Financial Officer					
(Street) CHICAC		tate) (50601 Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line) X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	on-Deriv	ative S	Sec	urities	Ac	-	Disp	osed of,	or Ben	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Dat			Transaction Disposed Code (Instr. and 5)		ies Acquired (A) or Of (D) (Instr. 3, 4		5. Amoun Securities Beneficia Owned	lly		Direct C	Nature f Indirect eneficial wnership			
								Code	٧	Amount	(A) or (D)	Price	Following Reported Transacti (Instr. 3 a	l ion(s)		4) (1	nstr. 4)		
	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)	if any	on Date,	4. Transact Code (In 8)		of		6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Followin Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisable		xpiration late	Title	Amount or Number of Shares						
Phantom Stock Units	\$0.00 ⁽¹⁾	09/29/2003 ⁽²⁾	09/2	9/2003	A		653.12		08/08/1988 ⁽	2) 0	8/08/1988 ⁽²⁾	Common Stock	0.00(3)	\$2.96 ⁽⁴⁾	51,249	.39	D		
Phantom Stock Units	\$0.00 ⁽¹⁾	09/30/2003 ⁽⁵⁾	09/3	0/2003	A		664.34		08/08/1988 ⁽	5) 0	8/08/1988 ⁽⁵⁾	Common Stock	0.00(3)	\$2.91 ⁽⁴⁾	51,913	.73	D		

Explanation of Responses:

- 1. N/A
- 2. Acquisition of Phantom Stock Units (in an exempt transaction) by the reporting person under the FMC Technologies, Inc. Non-Qualified Savings and Investment Plan (NQ Plan). Phantom Stock Units are payable in cash following termination or retirement of the reporting person's employment with FMC Technologies, Inc., or death.
- 3. A participant's interest in the NQ Plan is represented in units (referred to as Phantom Stock Units) which consist of phantom shares of FMC Technologies, Inc. Common Stock and uninvested cash balances held by the NO Plan for administrative convenience.
- 4. Denotes Unit Price
- 5. Acquisition of Phantom Stock Units (in an exempt transaction) under the FMC Technologies, Inc. Non-Qualified Savings and Investment Plan (NQ Plan) resulting from matching contribution by issuer. Phantom Stock Units are payable in cash following termination or retirement of the reporting person's employment with FMC Technologies, Inc., or death.

Remarks:

By: James L. Marvin 10/01/2003

** 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).
- ** 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.

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.