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 [*] Beitler Bradley D. | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>FMC TECHNOLOGIES INC</u> [FTI] | | | | | | | | | Relationship eck all app Direct | licable) | ng Pe | erson(s) to I 10% O | | |
|--|---|---|--|--|----------------------------|---|--------|--|--|---|---|---|-------------------|----------------------|---|--|------------|--|---|--|
| (Last) | ` | rst) (| | 3. Date of Earliest Transaction (Month/Day/Year) 03/23/2012 | | | | | | | | | X Office below | , | chno | below) | specify | | | |
| 1803 GEARS ROAD | | | | | | | | | | | | | | | V.P., Technology | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| HOUSTON TX 77067 | | | | | | | | | | | | | | X Form | Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | | Form Perso | , | re tha | an One Rep | orting | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | 1 0100 | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Date, | | | Transaction Code (Instr. | | 4. Securities Acquired (Disposed Of (D) (Instr. and 5) | | | | or 5. Amo Securit Benefic Owned Follow | ties F cially (I I Ir | | Ownership m: Direct or irect (I) str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | | Price | Report Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (1150.4) | |
| 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 | 3A. Dee Executio if any (Month/ | on Date, | Date, Transact Code (In | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | r. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | | Date Exercisable | | piration te | Title | or | ount nber ires | | | | | | |
| Phantom Stock Units | (1) | 03/23/2012 | | | А | | 29.398 | | (2) | | (2) | Common Stock ⁽³⁾ | 29. | .398 | \$25.64 | 13,991.70 | 04 | D | | |

Explanation of Responses:

1. N/A

2. 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 NQ Plan for administrative convenience.

Lisa P. Wang, Attorney-In-Fact 03/26/2012

** 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.