FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity

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

| securities intended defense | es of the issuer to satisfy the conditions of f e Instruction 10 | that is affirmative Rule 10b5- | | | | | | | | | | | | | | | | | |
|---|--|--------------------------------------|--------|----------------|---|------------------|--|--|--|-----------------------------------|--------------------|---|--|---|---|--|---------------|--|---|
| 1. Name and Address of Reporting Person* OLEARY JOHN C G | | | | | 2. Issuer Name and Ticker or Trading Symbol TechnipFMC plc [FTI] | | | | | | | | 5. Relationshi (Check all app X Direct | | | | rson(s) to Is | | |
| | C/O TECHNIPFMC PLC | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2025 | | | | | | | | | Officer (give title below) | | Other (below) | | specify | |
| HADRIAN HOUSE, WINCOMBLEE ROAD (Street) NEWCASTLE UPON TYNE (City) (State) (Zip) 4. If Amendment, Date of Original 4. If Amendment, Date of Original | | | | | | | | riginal Filed (Month/Day/Year) 6. Individual or Joint/Group Fili Line) X Form filed by One Re Form filed by More th Person | | | | | | | e Rep | porting Perso | on | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. 4. Securitie Disposed (Code (Instr. 8) | | es Acquired (A Of (D) (Instr. 3, | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Ordinary Shares 02/24/ | | | | | 2025 | | A | | 6,350(1) | A | A . | \$ <mark>0</mark> | 0 134,426 | | | D | | | |
| | | Tal | | | | | | - | - | - | osed of, convertib | | | - | Owne | d | | | |
| Derivative Conversion D | | (Month/Day/Year) if any | | ion Date, Tran | | iction Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (II 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Expiration Exercisable Date | | Title | Amou or Numb of Share | er | | | | | | | | |

Explanation of Responses:

1. Grant of restricted stock units, each of which represents a contingent right to receive one Ordinary Share, that will vest February 24, 2026.

Remarks:

/s/ Lisa P. Wang, Attorney-In-02/25/2025 **Fact**

** Signature of Reporting Person

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.