FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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* KINNEAR PETER D						2. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [FTI]								elationship eck all appli Directo	,			
(Last)	(Fi		3. Date of Earliest Transaction (Month/Day/Year) 03/07/2005								Officer below)	(give title	ive title Other below		specify			
1803 GE										Executive Vice President								
(Street)	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
HOUSTO	HOUSTON TX 77067													X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(Si	tate) (Person						
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 Dispos Code (Instr. and 5)			ties Acqui d Of (D) (In		Securiti Benefic Owned	es ially	Form (D) o Indir	: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Followi Reporte Transac (Instr. 3	d tion(s)		r. 4)	(Instr. 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	e (Month/Day/Year)	3A. Deel Execution if any (Month/		4. Transact Code (In 8)			6. Date E Expiratio (Month/D	n Da		7. Title and Amount of Securities Underlying Derivative Security (Inst		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Phantom Stock Units	(1)	03/07/2005 ⁽²⁾	03/0	7/2005	A		4,345.94		(3)		(3)	Common Stock	0.00(4)	\$4.7 ⁽⁵⁾	10,495.	.12	D	
Phantom Stock Units	(1)	03/08/2005 ⁽⁶⁾	03/0	03/08/2005			4,291.16		(3)		(3)	Common Stock	0.00(4)	\$4.76 ⁽⁵⁾	14,786.	.28	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. Phantom Stock Units are payable in cash following termination or retirement of the reporting person's employment with FMC Technologies, Inc., or death.
- 4. 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.
- 5. Denotes Unit Price
- 6. 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.

By: By: James L. Marvin 03/09/2005

** 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.