FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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).

OMB APPROVAL 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: 0.5

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* <u>Zurquiyah Rousset Sophie</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol TechnipFMC plc [FTI] | | | | | | | | ck all app | tor | ig rei | 10% O | wner |
|--|--|---|---|---|--|---|---|---|---|--|---|---|--|---|--|--|--|--|
| CHNIPFMC | PLC | ⁄iiddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021 | | | | | | | | | | Officer (give title below) | | Other (below) | specify | |
| ONE ST. PAUL'S CHURCHYARD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| N X0 | E | C4M 8 | BAP | | | | | | | | 2 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficial | ly Own | ed | | | |
| Date | | | | Execution Date //Year) if any | | Date, | Transaction Disposed Code (Instr. 5) | | s Acqu Of (D) (I | iired (/ nstr. 3 | A) or , 4 and | Securit Benefic Owned | ies cially Following | Form (D) o | n: Direct r Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | (A) (D) | or I | Price | Transa | tion(s) | | | (| |
| Ordinary Shares 04/01/2 | | | | | <u>'021</u> | | A | | 21,929(1) |) [| A | \$ <mark>0</mark> | 21,929 | | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| e of tive Conversion or Exercise Price of Derivative Security 1. | | | Code (8) | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date | | | Amou or Numb of | | str. | erivative ecurity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | (Fir CHNIPFMC PAUL'S CON (Statement of Security (Instatement of Securit | (First) (NCHNIPFMC PLC C. PAUL'S CHURCHYARD ON X0 E (State) (Z Table Security (Instr. 3) Table 2. Conversion or Exercise Price of Derivative (Month/Day/Year) | (First) (Middle) CHNIPFMC PLC C PAUL'S CHURCHYARD ON X0 EC4M { | (First) (Middle) CHNIPFMC PLC PAUL'S CHURCHYARD ON X0 EC4M 8AP (State) (Zip) Table I - Non-Deriva Security (Instr. 3) 2. Transac Date (Month/Da Shares O4/01/2 Table II - Derivati (e.g., pu Conversion or Exercise Price of Derivative (Month/Day/Year) SHAPP A Demed Execution Date, if any (Month/Day/Year) | (First) (Middle) CHNIPFMC PLC PAUL'S CHURCHYARD (State) (Zip) Table I - Non-Derivative Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Table II - Derivative Security 2. Transaction Date (e.g., puts, cather) (Month/Day/Year) 3. 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Explanation of Responses:

1. Grant of restricted stock units, each of which represents a contingent right to receive one Ordinary Share, that will vest April 1, 2022.

Remarks:

/s/ Lisa P. Wang, Attorney-In-

Fact

04/02/2021

** 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.