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* CANNON CHARLES H JR | | | | FMC | 2. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [FTI] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|--|--|--|---|--|--|---------|---|--|--------|--------------------------|--|---|---|--|---|---|-------------------------|--|
| I | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/25/2003 | | | | | | | X | $ X \begin{array}{ll} \text{Officer (give title} & \text{Other (specify} \\ \text{below)} & \text{below)} \end{array} $ | | | | | | | |
| (Street) CHICAC | | | 50601 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (M | | | | | | y/Year) | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting 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, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | | | | Form: (D) or Indire | Direct | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | ion(s) | (Instr. 4) | | (Instr. 4) | | |
| | | | Tab | | | | | | | | sed of, or nvertible | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transact Code (In 8) | | ion of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of | | of es ng re | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Followin Reported Transact (Instr. 4) | ve es ially ng d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Phantom Stock Units | \$0.00 ⁽¹⁾ | 07/25/2003 ⁽²⁾ | 07/2 | 5/2003 | Α | | 1,576.6 | | 08/08/1988 ⁽² | 0 | 8/08/1988 ⁽²⁾ | Common Stock | 0.00(3) | \$2.94 ⁽⁴⁾ | 54,526 | .26 | 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 NQ Plan for administrative convenience.
- 4. Denotes Unit Price

Remarks:

By: By: James L. Marvin 07/29/2003

** 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.