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* CARR JEFFREY W					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							
(Last) 1803 GE	(Fi	,	Middle)		10/02	3. Date of Earliest Transaction (Month/Day/Year) 10/02/2006 X Officer (give title Other (s below) VP and General Counsel														
(Street) HOUST(tate) (77067 Zip)		×	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine) X						
	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 Dispo			rities Acq ed Of (D) (ies cially	Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amoun	nount (A) or (D)		e !	Reporte Transa			4,	(msu. 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. Deel Execution if any (Month/		4. Transact Code (In 8)		on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		of Deri Secu	f	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirec (I) (Instr. 4)		Beneficial Ownership	
					Code	v			Date Exercisable		piration te	Title	Amoun or Number of Shares	1						
Phantom Stock Units	\$0 ⁽¹⁾	10/02/2006 ⁽²⁾			A		197.99		(3)		(3)	Common Stock ⁽⁴⁾	197.99	\$7	7.05	37,501.52		D		
Phantom Stock Units	\$0 ⁽¹⁾	10/03/2006 ⁽⁵⁾			A		206.18		(3)		(3)	Common Stock ⁽⁴⁾	206.1	\$ \$6	6.77	37,707.7		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. 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.

Remarks:

By: James L. Marvin, attorney-in-fact 10/04/2006

** 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.