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

| Name and Address of Reporting Person* Gremp John T | | | | | | 2. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [FTI] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|---|--|--|---|-------------------------------|--|------------------------|--|---|------------|---|---|--|---|---|---|-------------------------|--|
| (Last) 1803 GE | (F | rst) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/24/2011 | | | | | | | | | er (give title w) | | r (specify | | | |
| (Street) HOUST(| ON T | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| 1. Title of | Security (Ins | | le I - | 2. Transaction | on 2 | 2A. De Execu | eeme | d | 3. Transac | tion | 4. Securiti | es Acquir | ed (A) or | 5. Amo | unt of ies | 6. Ownership Form: Direct | 7. Nature of Indirect | |
| | | (Month/Day/Year) | | if any (Month/Day/Year) | | | Code (II 8) Code | v | 5) Amount | (A) or (D) | Price | Report Transa | Following | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| Common Stock 08/24/20 | | | 11 | 11 | | | М | Т | 52,228 | 52,228 A S | | 77 392,5 | 92.986(1) | D | | | | |
| Common Stock | | | 08/24/2011 | | | | D | | 52,228 | D | \$41.44 | 340, | 364.986 | D | | | | |
| Common Stock | | | | | | | | | | | | 5,43 | 37.5293 | I | By Qualified 401(k) Plan | | | |
| | | Т | able | II - Deriva (e.g., p | | | | | | | posed of converti | | | y Owned | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | Deemed ution Date, y tth/Day/Year) | 4. Transa Code (I 8) | saction of (Instr. E | | Number rivative curities quired or sposed D) str. 3, 4 | 6. Date Exerc Expiration Day (Month/Day/) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Employee Stock Option (right to buy) | \$5.9877 | 08/24/2011 | | | M | | | 52,228 | 01/02/2 | 2007 | 02/19/2014 | Common Stock | 52,228 | \$5.9877 | 0.0000 | D | | |

Explanation of Responses:

- 1. Reflects the 2:1 stock split on March 31, 2011.
- 2. Represents the weighted average trading price of the shares sold. The trading range for these shares was \$40.89 to \$41.84. The reporting person will provide full information regarding the number of shares sold at each separate price upon request by the Securities Exchange Commission, the issuer or a security holder of the issuer.

Remarks:

gremppoa 08262011.pdf

Jeffrey Carr, Attorney-In-Fact 08/26/2011

** 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.