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*  SCHUMANN WILLIAM H   |  |  |   |          | 2. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [FTI] |                          |         |   |  |   |                |   |   |  | elationship<br>ck all app<br>Direct               | ,   | g Per  | son(s) to I                          |  |
|--|--|--|---|----------|--|--------------------------|---------|---|--|---|----------------|---|---|--|---|---|--|--------------------------------------|--|
| (Last)<br>1803 GE  | (Fi  | (First) (Middle)                           |   |          | 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2004            |                          |         |   |  |   |                |   |   | X  | below   | er (give title<br>w)<br>and Chief Fina  |  | Other (specify below) ancial Officer |  |
| (Street) HOUST(  |  |  | 77067<br>Zip)   |          | 4. If A  | Line) X Form filed by Or |         |   |  |   |                |   |   |  |   | filed by One<br>filed by More   | up Filing (Check Applicable e Reporting Person re than One Reporting |                                      |  |
|  |  | Tab  | le I - Non  | n-Deriva | ative S  | Sec                      | urities | Ac  | quired, D  | isp                                     | osed o         | of, or B  | enefi   | ciall                                      | y Owne  | d   |  |                                      |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day) |  |  |   |          | Execution Date,  |                          |         | Transaction Dispos<br>Code (Instr. and 5) |  | urities Acquired (Ased Of (D) (Instr. 3 |                |   | 5. Amo<br>Securit<br>Benefic<br>Owned<br>Follow | ities Folicially (D                        |   | nership<br>Direct<br>r<br>ect (I)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)    |                                      |  |
|  |  |  |   |          |  |                          |         | Code                                      | v  | Amount (A) or (D)                       |                | rice  | Report<br>Transa                                | eported<br>ransaction(s)<br>nstr. 3 and 4) |   | . 4)  | (III301 . <del>4</del> )   |                                      |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |          |  |                          |         |   |  |   |                |   |   |  |   |   |  |                                      |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | 4.<br>Transaction<br>Code (Instr.<br>8)                                |                          | of E    |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   |                | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. 3<br>and 4) |   | 0<br>5<br>(I                               | . Price<br>f<br>Derivative<br>ecurity<br>nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | Beneficial<br>Ownership              |  |
|  |  |  |   | c        | Code   | v                        | (A)     | (D)                                       | Date<br>Exercisable  |   | piration<br>te | Title   | Amo<br>or<br>Num<br>of<br>Shar                  | ber  |   |   |  |                                      |  |
| Phantom<br>Stock<br>Units                                      | \$0.00 <sup>(1)</sup>  | 07/27/2004 <sup>(2)</sup>                  |   |          | A  |                          | 507.59  |   | (3)  |   | (3)            | Common<br>Stock   | 0.00  | )(4)                                       | \$3.98 <sup>(5)</sup>                             | 10,799.5  |  | D                                    |  |

## **Explanation of Responses:**

- 1. N/A
- 2. 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.
- 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

By: James L. Marvin 07/28/2004

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.