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). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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* Scott Mark J. (Last) (First) (Middle) C/O TECHNIPFMC PLC ONE ST. PAUL'S CHURCHYARD (Street) LONDON X0 EC4M 8AP | | | | | | Issuer Name and Ticker or Trading Symbol TechnipFMC plc [FTI] Date of Earliest Transaction (Month/Day/Year) 03/16/2017 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) EVP, Quality HSE/Sec & Comm 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
|---|--|--|---|-----------|------------------------------|---|--------|---|-------------------|-------|--|----------------------|---------------------|--|---|--|--|--|-----------------------------------|
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | lon-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | | | nd 5) Secui Benet | | icially d Following | Form (D) o | vnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | nsaction(s) tr. 3 and 4) | | | (msu. 4) |
| Ordinary Shares 03/16/2 | | | | | 017 | 17 | | | S | | 32,000 | D | \$31.8 | 868 ⁽¹⁾ | 7 | 7,678 | | D | |
| Ordinary Shares | | | | | | | | | | | | | | | 5,707.86 | | | I | By Qualified 401(k) Plan |
| | 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) | Execution Date, if any (Month/Day/Year) 8 | | 4. Transa Code (8) | | | | ation D h/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of Shares | | Deri Sec (Ins | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O F D O (I | .0. Ownership Orm: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. Represents the weighted average trading price of the shares sold. The trading range for these shares was \$31.85 to \$31.90. 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 securityholder of the issuer.

Remarks:

/s / Lisa P. Wang - Attorney-In-**Fact**

** Signature of Reporting Person Date

03/17/2017

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.