FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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

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 [*] KINNEAR PETER D | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>FMC TECHNOLOGIES INC</u> [FTI] | | | | | | | | | elationship ck all applic Directo | able) | ng Per | rson(s) to Is 10% O | | |
|--|---|--|---|--|---|--|---------|-------------------|---|---|---|--------------------------------|--------------------------------|---|--|--|---------------------|--|-------------------------|--|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2011 | | | | | | | | | Officer below) | Officer (give title below) | | Other (below) | specify | |
| 1803 GEARS ROAD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| HOUSTON TX 77067 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | (State) (Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day | | | | | Execution Date, | | | Transaction Dispo | | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | | 5. Amou Securitie Benefici Owned | es ally | ly (D) of Indire | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | nt (A) or P | | rice | Reporte Transac | Following Reported Transaction(s) (Instr. 3 and 4) | | r. 4) | (Instr. 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. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | e Amoun ar) Securit Underly Derivat | | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy g | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration | Title | Amo or Num of Shar | nber | | | | | | |
| Phantom Stock Units | (1) | 06/24/2011 | | | A | | 114.419 | | (2) | | (2) | Common Stock ⁽³⁾ | 114 | .419 | \$21.03 | 10,025.4 | 417 | D | | |

Explanation of Responses:

1. N/A

2. 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.

Jeffrey Carr, Attorney-In-Fact 06/28/2011

** 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.