FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| haura nar raananaa | 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* Pfeiffer Johan Fredrik (Last) (First) (Middle) 1803 GEARS ROAD (Street) HOUSTON TX 77067 | | | | | | 2. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [FTI] 3. Date of Earliest Transaction (Month/Day/Year) 10/31/2011 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Relationship of Reporting Person(s) to Issuer theck all applicable) Director 10% Owner X Officer (give title Other (specify below) below) VP, Global Surface Wellhead Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
|--|--|--|---|---------|--|---|---------|-----|--|-----|-------------------|---|-----------------------------------|-------------------|---|---|---|---|---|
| (City) | (St | ate) (| Zip) | | | Per | | | | | | | | | reiso | 11 | | | |
| | | Tab | le I - No | n-Deriv | ative S | Sec | urities | Ac | quired, D | isp | osed o | of, or B | enefic | cially | / Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | Transaction Dispose Code (Instr. and 5) | | | rities Acq ed Of (D) | | | 5. Amo Securit Benefic Owned Follow | ties Fo cially (D | | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount (A) or (D) | | or P | rice | | ported ansaction(s) str. 3 and 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. Deem Execution if any (Month/D | n Date, | 4. Transaction Code (Instr 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | o D S (I | . Price f lerivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
| | | | | , | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amou or Numb of Share | er | | | | | |
| Phantom Stock Units | (1) | 10/31/2011 | | | Α | | 23.067 | | (2) | | (2) | Common Stock ⁽³⁾ | 23.0 | 67 | \$24.95 | 3,712.038 | 3 | 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.

<u>Jeffrey Carr, Attorney-In-Fact</u> <u>10/31/2011</u>

** 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.