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 [*] KINNEAR PETER D | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>FMC TECHNOLOGIES INC</u> [FTI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
|--|---|--|--|-----------------------------------|--|---|--|-----|--|--|----------------|---|--|---|--|--|-------------------------|
| (Last) 1803 GE | ast) (First) (Middle) 803 GEARS ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/23/2009 | | | | | | | | | X Office below | er (give title v) | | (specify /) |
| (Street) HOUSTON TX 77067 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Li | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| I able I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | ion 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. and 5) | | | or, or Benefici irities Acquired (A) ied Of (D) (Instr. 3, | | or 5. Amo 4 Securi Benefi Owned | - | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amoun | t (A) (D) | or Pric | Reported Transaction(s) (Instr. 3 and 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 Da if any (Month/Day/\ | ate, T | ι. Γransact Code (In 3) | | ion of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amount or Number of Shares | | | | |
| Phantom Stock Units | \$0 ⁽¹⁾ | 10/23/2009 | | | Α | | 246.39 | | (2) | | (2) | Common Stock ⁽³⁾ | 246.39 | \$15.22 | 66,595.82 | 2 D | |
| Phantom Stock Units | \$0 ⁽¹⁾ | 10/27/2009 | | | Α | | 12.6 | | (2) | | (2) | Common Stock ⁽³⁾ | 12.6 | \$14.93 | 66,608.42 | 2 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.

Remarks:

<u>By: Elizabeth A. Cook,</u> <u>Attorney-in-Fact</u>

10/28/2009

** 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.