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

												7								
1. Name and Address of Reporting Person*  Nutt Jay A.						2. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [FTI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Ivatioay A.				$\vdash$										Direct	or		10% O	wner		
(Last)	(Fi	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/21/2016										Officer (give title below)		Other (specify below)		
5875 NORTH SAM HOUSTON PARKWAY WEST															VP, Controller and Treasurer					
3073 NORTH BRIGHT HOOST OLVER WITH WEST																				
(Street)	Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Applicable ine)				
HOUST	ON T	X 7	77086											X	Form	filed by One	Rep	orting Pers	on	
														Form filed by More than One Reporting						
(City)	(St	tate) (	Zip)												Perso	n				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of	Security (Ins	tr. 3)		. Transact	tion							rities Acq			5. Amo				7. Nature	
			-	ate Month/Day	v/Year)	Execution Date, /Year)   if any			Transact	Dispos and 5)	ed Of (D) (	Instr. 3	4	Securit Benefic				of Indirect Beneficial		
	y, rear,	(Month/Day/Year)								Owned				Ownership						
						,									Following		(Instr. 4)		(Instr. 4)	
									Code	ode V Amo		nt (A) or F		ce	Reported Transaction(s)					
								(D)				(Instr. 3 and 4)								
		T:	ahla II a [	Derivati	ive Se	CIII	ritias <i>L</i>	Vcui	uired, Dis	eno	sad of	or Ben	oficia	IIv C	)wned					
									, options						wiica					
1. Title of	2.	3. Transaction	3A. Deeme	ed 4	4.			5. Number		6. Date Exercisable a			ıd	8. Price		9. Number	of .	10.	11. Nature	
Derivative Conversion Date Execution Date,					Transact Code (In							Amount of		of		derivative		Ownership	of Indirect Beneficial	
Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year) (Month/Day/Year) 8)							. Derivative (		(Month/Day/Year) Securities Underlying					Derivative Security		Securities Beneficially		Form: Direct (D)	Ownership	
, , ,	Derivative Acquired Derivative								В	(Ir	nstr. 5)	Owned		or Indirect	(Instr. 4)					
	Security				(A) or Security (Inst							(Instr. 3			Following Reported		(I) (Instr. 4)			
		of (D)											Transaction(s) (Instr. 4)		7)					
								3, 4												
	and 5)				$\dashv$	<del>                                     </del>					+									
								ΙI					Amou	¹t						
								ΙI					Numb	er						
				-	Code	v	(A)	(D)	Date Exercisable		piration te	Title	of Shares							
Phantom Stock Units	\$0.0000(1)	10/21/2016			A		60.411		(2)		(2)	Common Stock <sup>(3)</sup>	60.41	1	\$17.39	41,954.37	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.

Lisa P. Wang, Attorney-In-<u>Fact</u>

10/24/2016

\*\* Signature of Reporting Person

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.