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* RINGLER JAMES M | | | | | | 2. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [FTI] | | | | | | | | | | | olicable) | ng Pers | Person(s) to Issuer 10% Owner | | | |
|--|--|------------|---|--|---|--|--|---------------|-----------------|---|-------|--|---|--------------------|--|--|--|---------------------------|----------------------------------|---|--|--|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2008 | | | | | | | | | | Officer (give title below) | | | Other below) | (specify | | |
| 1803 GEARS ROAD | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | ON T | X 2 | 77067 | | | | | | | | | | | | | Form filed by One Reporting Pe Form filed by More than One Re Person | | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | reis | JII | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Exec if an | Deemed ecution Date, any onth/Day/Year) | | Transaction Dis | | | curities Acquired (sed Of (D) (Instr. 3) | | | 3, 4 Secur Bene Owne | | icially d | Form: (D) or Indire | ct (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amoun | | A) or D) | Price | , F | Following Reported Fransaction(s) Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | | |
| Common Stock 05/01/20 | | | | | | | 008 | | A | | 2,58 | 39 | A | \$65 | .66 | 42,545 | | | D | | | |
| | 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) | tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exc Expiration (Month/Da | Date y/Yea | r) | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Pridof of Deriva Secur (Instr. | rivative curity | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| Phantom | | | | | Code | V | (A) | (D) | Exercisabl | e Da | te | Title | | ares | | | | + | | | | |
| Stock Units | \$0 ⁽¹⁾ | 05/01/2008 | | | A | | 761 | | (2) | | (2) | Stock | | 761 | \$65. | .66 | 21,057 | | D | | | |

Explanation of Responses:

- 1. 1-for-1
- 2. Phantom Stock Units are payable in Common Stock following termination or retirement of the reporting person's employment with FMC Technologies, Inc., disability or death.

Remarks:

By: Elizabeth A. Cook, Attorney-in-Fact

05/05/2008

** 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.