SEC Form 3

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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 Ac Mellbye P	-	2. Date of Even Requiring Stater (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [ FTI ]						
(Last) 5875 NORTH WEST (Street) HOUSTON (City)	(First) H SAM HOUS TX (State)	(Middle) STON PARKWAY 77086 (Zip)	10/01/2013	4		ionship of Reporting Per all applicable) Director Officer (give title below)	son(s) to Issu 10% Own Other (spe below)	er 6. ecify Ap	onth/Day/Year) Individual or Joir plicable Line) X Form filed b Person	Date of Original Filed ht/Group Filing (Check ny One Reporting ny More than One Person
Table I - Non-Deriv				2	ative Securities Beneficial 2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable ar Expiration Date (Month/Day/Year)		nd 3. Title and Amount of Secu Underlying Derivative Secu 4)			4. Conversio or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

## Lisa P. Wang, Attorney-In-

Fact

10/01/2013

\*\* 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 5 (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.