FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| vvasimigton, | D.O. | 200-0 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| - 1 | 0.010 | |
|-----|-------------------|-----------|
| | OMB Number: | 3235-0287 |
| | Estimated average | burden |

hours per response:

OMB APPROVAL

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>Beitler Bradley D.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol TechnipFMC plc [FTI] | | | | | | | | neck all ap Dire | olicab ctor | le) | Perso | 10% Ow | ner |
|--|--|--|---|--|---|--|------|--|----------|--|-----------------------------------|---|---------------------|--|--|--|--|------------|
| (Last) (First) (Middle) C/O TECHNIPFMC PLC ONE ST. PAUL'S CHURCHYARD | | | | 03 | 3. Date of Earliest Transaction (Month/Day/Year) 03/24/2017 | | | | | | | | belo E | w) `` VP, T | r (give title Other (s) below) YP, Technology and R&D | | , | |
| (Street) LONDON X0 EC4M 8AP (City) (State) (Zip) | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Lir | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | 9 | action 2A. Deemed Execution D Day/Year) if any (Month/Day/ | | Date | Code (Instr. 5) | | | | 4 and Securitie Benefici Owned F | | es Formally (D) (in (I) (I) | | m: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | , | Amount (A) or (D) | | Price | Trans | 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 Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | 9. Number of derivative Securities Beneficially Owned Following Reported | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration ate | Title | Amount or Number of Shares | | | Transaction(s) (Instr. 4) | | | |
| Phantom Stock Units | (1) | 03/24/2017 | | A | | 143.073 | | (2) | | (2) | Ordinary Shares ⁽³⁾ | 143.07 | \$16.3 | 3 | 24,155.1 | | 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 TechnipFMC, 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 TechnipFMC Ordinary Shares and uninvested cash balances held by the NQ Plan for administrative convenience.

Remarks:

/s/ Lisa P. Wang, Attorney-In-

03/28/2017

Fact

** 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.