FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| haura nar raananaa | 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

| Name and Address of Reporting Person* CARR JEFFREY W | | | | | 2. Issuer Name and Ticker or Trading Symbol FMC TECHNOLOGIES INC [FTI] | | | | | | | | | tionship all appl Direct | • | | | | |
|--|--|--|--|-----------------|---|-----|---|-----|---|---------------------------|----------------|---|--|--------------------------------|--|---|---|---|-------------------------|
| (Last) 1803 GE | (Fi | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/29/2009 X Officer (give title Other (specify below) VP and General Counsel | | | | | | | | | | | specify | | | |
| (Street) HOUST(| | | 77067 Zip) | | 4. If A | mer | mendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group F Line) X Form filed by One R Form filed by More ti Person | | | | | | | | Reporti | Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | Execution Date, | | | Transaction Dispos Code (Instr. and 5) | | | rities Acq ed Of (D) (| | 4 Securi Benef Owned | | ies cially | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amoun | t (A) | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 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. Deen Executio if any (Month/E | | 4. Transact Code (In 8) | | on of | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | of Dei Sed | f | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | oiration te | Title | Amoun or Numbe of Shares | r | | | | | |
| Phantom Stock Units | \$0 ⁽¹⁾ | 06/29/2009 | | | A | | 305.89 | | (2) | | (2) | Common Stock ⁽³⁾ | 305.8 | 9 \$ | 10.08 | 12,523.42 | | D | |
| Phantom Stock Units | \$0 ⁽¹⁾ | 07/01/2009 | | | A | | 15.32 | | (2) | | (2) | Common Stock ⁽³⁾ | 15.32 | 2 \$ | 10.06 | 12,538.74 | | D | |

Explanation of Responses:

- 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:

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

07/02/2009

** 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.