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* | | | | | 2. Issuer Name and Ticker or Trading Symbol TechnipFMC plc [FTI] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|---|--|---|----------------|---|-----------------|---|-------------------------|---|-----------------|--|--------|---|--|---|---|---|--|
| Zurquiyah Rousset Sophie | | | | | | 1_ | | _1 | · L | , | | | | : | X Direc | tor | | 10% Ov | /ner | |
| (Last) (First) (Middle) C/O TECHNIPFMC PLC HADRIAN HOUSE, WINCOMBLEE ROAD | | | | AD | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2023 | | | | | | | | | | Office below | er (give title /) | | Other (specify below) | | |
| (Street) NEWCASTLE UPON TYNE NE6 3PI | | | L | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Cline) X Form filed by One Reporting Form filed by More than Operson | | | | | | | | | ting Perso | on | | | | | | |
| (City) | (Sta | ate) (Z | Z ip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or | Bene | eficia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Exec if any | Deemed cution Date, y nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | | | Benefic Owned | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | msu. 4) | |
| Ordinary Shares 02/21/2 | | | | | 2023 | | | A | | 12,491 ⁽¹⁾ A | | A | \$ <mark>0</mark> | 56,628 | | 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) | 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 Expirat (Month | ion Da | ear) Securities Underlyin Derivative Security (| | ount of urities erlying vative urity (Ir d 4) | | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Di or (I) |). wnership orm: irect (D) · Indirect (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Num of | nber | | | | | | | |

Explanation of Responses:

1. Grant of restricted stock units, each of which represents a contingent right to receive one Ordinary Share, that will vest February 21, 2024.

Remarks:

/s/ Victoria Lazar, Attorney-02/23/2023

in-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.