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4. November of Address of Bonoullon Bonous*	1. Name and Address of Reporting Person* 2. Date of Event Requiring 3. Issuer Name Ticker or Trading Symbol							
Name and Address of Reporting Person* Landes Jonathan	Statement (Month/Day/Year) 10/20/2020		ipFMC plc [FTI]	oi				
(Last) (First) (Middle) C/O TECHNIPFMC PLC ONE ST. PAUL'S CHURCHYARD		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)				If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(Street) LONDON X0 EC4M 8AP					below)			
(City) (State) (Zip)								
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