Fuller Vicki L Form 3 August 01, 2018 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

]	curre	ntly valid Ol	MB control number.	-	warrants, opt	tions, c	onvertible securities)	
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a								
owned directly	or indirectly			5	EC 1473 (7-02)		
Reminder: Ren	ort on a sepa	rate line for ea	ch class of securities benefic	ially				
Common St	ock		0		D	Â		
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•	
(City)	(State)	(Zip)					neficially Owned	
TULSA, OK 74172				X_Director10% Owner OfficerOther (give title below) (specify below)		Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
ONE WILLIAMS CENTER (Street)				(Check all applicable)			6. Individual or Joint/Group	
(Last)	(First)	(Middle)	07/31/2018	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
1. Name and A Person <u>*</u> Fuller Vi		porting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol WILLIAMS COMPANIES INC [WMB]				

1. Title of Derivative Security 2. Date Exercisable and 3. Title and Amount of 6. Nature of Indirect 4. 5. (Instr. 4) Expiration Date Securities Underlying Conversion Ownership Beneficial Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) Derivative (Instr. 4) Price of Derivative Security: Date Expiration Title Amount or Security Direct (D) Exercisable Date Number of or Indirect

Estimated average burden hours per

0.5

response...

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Fuller Vicki L ONE WILLIAMS CENTER TULSA, OK 74172	ÂX	Â	Â	Â		
Signatures						
Cher S. Lawrence, Attorney-in-Fact	08/01/2018					
**Signature of Reporting Person						

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.