FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL	
OMB Number: 3235-0287	
Expires: January 31, 2005	

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

Estimated average burden hours per response. . . . 0.5

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 -	Tvne	Res	ponses)	
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Name and Address of F	2.	Issuer Name and Ticker or Trading Symbol Occidental Petroleum Corporation					Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Hirl	J.	Roger	OXY						Director		0% Owner		
(Last)	(First)	(Middle) 3		ication Number	4. Statemer	nt for Month/Day	//Year	X	Officer (give title		ther (specify		
Occidental Chemical Co	` '	()		Person, if an	, · · · · · · · · · · · · · · · · · ·				below)	 -	below)		
5005 LBJ Freeway	. po. a		entity (volunta	entity (voluntary)		07/17/2002							
,	(Street)					ment, Date of (Ĭ.	Executive Vice President					
	(Month/Year)					7. Individual or Joint/Group Filing (Check Applicable Line)							
Dallas	Texas	75244						X	on				
(City)	(State)	(Zip)						Form filed by More than One			Reporting Person		
		Table I — Nor	n-Derivative S	Securities Acc	 uired, Dispo	sed of, or Be	eneficial	ly Own	ed				
Title of Security	2. Transac-	2a. Deemed	3. Transaction	on Code		Acquired (A) or	r	5.	5. Amount of	6. Ownership	7. Nature of		
(Instr. 3)	tion Date	Execution	(la etc. 0)		Disposed of (D)				Securities	Form: Indirect Direct (D) or Beneficia	Indirect Beneficial		
		Date, if any	(Instr. 8)		(Instr 2 A	and 5)			Beneficially Owned at End of	Indirect (I)			
	(Month/	(N.4 = :=4!= /			(Instr. 3, 4 and 5)				Month				
	Day/Year) (Month/ Day/Year)	Code	V	Amount	Amount (A) or (D) Pr		е	(Instr. 3 and 4)	(Instr. 4)	(Instr. 4)		

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).

FORM 4 (continued)

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)	Date (Month/ Day/	action Date (Month/ Day/	action Date (Month/ Day/	action Date (Month/ Day/	action Date (Month/ Day/	3a.Deem- ed Execu- tion Date, if any	tion (Inst	sac- Code	5. Number	of Deriv- curities Ac- a) or Dis-	6. Date Exection Control of the Cont	er- and Ex- Date	7. Title and Amour lying Securities (Instr. 3 and 4)	nt of Under-	8. Price of Deriv- ative Secur- ity	9. Number of Deriv- ative Secur- ities Bene- ficially	10. Owner- ship Form of De- reivative Secu- rity:	11. Na- ture of In- direct Bene- ficial Own-
											(Month/ Day/ Year)	Code	V	(A)	(D)	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	(Instr. 5)
Employee stock option (right to buy)	\$26.4300	07/17/02		Α	٧	62,500		(1)	07/17/12	Common Stock	62,500		62,500	D						
Phantom stock units	1-for-1	07/17/02		A ⁽²⁾	V	19,657		(3)	(3)	Common Stock	19,657	\$26.4300	47,373	D						

Explanation of Responses:

- (1) The option vests in three equal annual installments beginning on July 17, 2003.
- (2) Grant of restricted stock units pursuant to the Occidental Petroleum Corporation 2001 Incentive Compensation Plan.
- (3) Phantom restricted stock units to be settled for common stock upon retirement or termination of employment.

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations.		
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).	/s/ CHRISTEL H. PAULI	October 11, 2002
	**Signature of Reporting Person	Date
Note: File three copies of this Form, on of which must be manually signed.	Christel H. Pauli, Attorney-in-Fact	

for J. Roger Hirl

Note: File three copies of this Form, on 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 control number.