FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFI | CIAL OWNE | RSHIP |
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| OMB APPRO | VAL |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* Beattie William G | | | | 2. Issuer Name and Ticker or Trading Symbol Baker Hughes a GE Co [BHGE] | | | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|---|--|--|--------------|--|-----------------|--|--|------------------------------------|------------------|-------------------|--------------------|------------------------|---|--|--|---|--|--|----------|
| (Last) (First) (Middle) 17021 ALDINE WESTFIELD ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017 | | | | | | | | | _ | er (give title | | | (specify |
| (Street) HOUSTO | ON TX | | 7073 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 12/19/2017 | | | | | | | | 6. In Line |) 【 Forn | r Joint/Group Filing (Check Applicable n filed by One Reporting Person n filed by More than One Reporting on | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | 3. Transaction Code (Instr. bisposed 5) | | | | | Secur Benef Owne | icially d Following | Form: | Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (<i>A</i> | A) or D) | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (111501.4) | |
| Class A Common Stock 12/15/2 | | | | | /2017 | | | A 1,331 ⁽¹⁾⁽²⁾ A | | \$ <mark>0</mark> | 7 | 7,900(3) | | 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) | vative Conversion Date Execution Date, if any | | | Fransaction of Code (Instr. De S) Se Ac (A' Di: | | 5. Num of Derive Secur Acqu (A) or Dispo of (D) (Instr. and 5 | ative rities ired osed | 6. Date E Expiratio (Month/D | n Dat | | Amount of | | D S (I | Price of erivative ecurity nstr. 5) | derivative Securities | | rnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | , | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

- 1. This form is being amended due to an administrative error.
- 2. Pursuant to the Issuer's Non-Employee Director Deferral Plan, the Reporting Person elected to receive shares of Class A Common Stock in lieu of the cash retainer payments the Reporting Person otherwise would have received for the period August 1, 2017 through November 30, 2017 and the committee fees the Reporting Person otherwise would have received for the period July 3, 2017 through November 30, 2017. The number of such shares was determined by dividing the aggregate amount of such payments by the average of the closing price of a share on the fifteenth day of the month following the month for which such retainer payments and fees otherwise would have been paid.
- 3. The amount of shares reported in Column 5 includes 60 shares acquired under the Company's Dividend Reinvestment Plan.

Remarks:

<u>/s/ Lee Whitley, Attorney-in-fact</u>

02/01/2018

IdCt

** 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.