## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

MD N......... 2005 0005

Expires: January 31, 2005

OMB Number: 3235-0287

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

[ ] 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, Section 17(a) of the Public Utility

Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Estimated average burden hours per response.... 0.5

| P                                                                        | rint or Type Response                              | s)                                      |                                                        |                                                    |                                                                                                        |       |                   |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  |   |
|--------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------|-------------------------------------------------------------------------|---------------|----------------------------------------------------|---------------------------------|--------------------------------------------------|---|
| L.                                                                       | Name and Address of                                | of Reporting Person*                    | 2.                                                     | 2. Issuer Name <b>and</b> Ticker or Trading Symbol |                                                                                                        |       |                   |                                                                                                                                                             |         | 6.                                    | Relationship of Reporting Person(s) to Issuer<br>(Check all applicable) |               |                                                    |                                 |                                                  |   |
| Burkle, Ronald W.                                                        |                                                    |                                         |                                                        |                                                    | Occidental Petroleur<br>OXY                                                                            |       |                   |                                                                                                                                                             |         |                                       | V 0                                                                     |               |                                                    |                                 |                                                  |   |
| (Last) (First) (Middle) The Yucapia Companies 9130 West Sunset Boulevard |                                                    |                                         |                                                        |                                                    | I.R.S. Identification Number 4. Statement for Mo of Reporting Person, if an entity (voluntary) 04/28/2 |       | atement for Month | /Day/Year                                                                                                                                                   |         | X Director Officer (give title below) |                                                                         | ve title Othe |                                                    | 6 Owner<br>er (specify<br>llow) |                                                  |   |
|                                                                          | (Street)                                           |                                         |                                                        |                                                    |                                                                                                        |       |                   | 04/28/2003                                                                                                                                                  |         |                                       |                                                                         |               |                                                    |                                 |                                                  |   |
| L                                                                        | os Angeles, Califor                                | mia 90069                               |                                                        |                                                    |                                                                                                        |       | Ori               | Amendment, Date<br>iginal<br>onth/Year)                                                                                                                     |         | _                                     |                                                                         |               | F.I. (0                                            |                                 |                                                  | _ |
|                                                                          | (City)                                             | (State)                                 | (Zip)                                                  |                                                    |                                                                                                        |       | 7.                | Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person  Person |         |                                       |                                                                         |               |                                                    |                                 |                                                  |   |
|                                                                          |                                                    | Table                                   | e I - Non-Deriva                                       | at                                                 | ive Securities Acc                                                                                     | luii  | red, Dis          | posed of, or                                                                                                                                                | Benefic | cia                                   | ally Owned                                                              |               |                                                    |                                 |                                                  |   |
| l.                                                                       | Title of Security (Instr. 3)                       | Transaction     Date  (Month/Day/ Year) | 2a. Deemed<br>Execution<br>Date, if any<br>(Month/Day/ |                                                    | 3. Transaction Code (Instr. 8)                                                                         | 4.    | Dispose           | es Acquired (A) or<br>d of (D)<br>4 and 5)                                                                                                                  |         | 5.                                    | Amount of<br>Securities<br>Beneficially<br>Owned at End<br>of Month     | 6.            | Ownership<br>Form:<br>Direct (D) (<br>Indirect (I) | or                              | Nature of<br>Indirect<br>Beneficial<br>Ownership |   |
|                                                                          |                                                    |                                         | Year)                                                  |                                                    | Code V                                                                                                 |       | Amount            | (A) or (D)                                                                                                                                                  | Price   |                                       | (Instr. 3 and 4)                                                        |               | (Instr. 4)                                         |                                 | (Instr. 4)                                       | _ |
|                                                                          | Common Stock 04/28/2003                            |                                         |                                                        | A <sup>(1)</sup> 2,500                             |                                                                                                        |       | ) A               |                                                                                                                                                             |         | 22,000                                |                                                                         | D             |                                                    |                                 |                                                  |   |
|                                                                          |                                                    |                                         |                                                        |                                                    |                                                                                                        |       |                   |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  |   |
|                                                                          |                                                    |                                         |                                                        |                                                    |                                                                                                        |       |                   |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  |   |
|                                                                          |                                                    |                                         |                                                        |                                                    |                                                                                                        |       |                   |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  |   |
|                                                                          |                                                    |                                         |                                                        |                                                    |                                                                                                        |       |                   |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  |   |
|                                                                          |                                                    |                                         |                                                        |                                                    |                                                                                                        |       |                   |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  | _ |
|                                                                          |                                                    |                                         |                                                        |                                                    |                                                                                                        |       |                   |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  | _ |
|                                                                          |                                                    |                                         |                                                        |                                                    |                                                                                                        |       |                   |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  | _ |
|                                                                          | eminder: Report on a s<br>f the form is filed by m | •                                       |                                                        |                                                    | eficially owned directly o<br>on 4(b)(v).                                                              | r ind | directly.         |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  |   |
|                                                                          |                                                    |                                         |                                                        |                                                    | Paç                                                                                                    | je 1  | 1 of 2            |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  |   |
| _                                                                        |                                                    |                                         |                                                        | _                                                  |                                                                                                        |       |                   |                                                                                                                                                             |         |                                       |                                                                         |               |                                                    |                                 |                                                  | _ |

FORM 4 (continued)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

Transac-tion Code Title of Derivative 2. Conver- 3. Trans-3a. Deemed 4. Number of Deriv-6. Date Exer-Title and Amount of 8. Price 9. Number 10. Owner - 11. Nacisable and Ex-Security (Instr. 3) Underlying Securities ship Form sion or action Execuative Securities of of Derture Exercise Date tion (Instr. 8) Acquired (A) or piration Date Derivivative of In-Price of Date, Disposed of (D) (Month/Day/ (Instr. 3 and 4) ative Securof Dedirect (Month/ Derivif any (Instr. 3, 4 and 5) Year) Securities rivative Beneative Bene-Securficial Day/ itv Security (Month/ ficially ity:

|       |                                                                                                | Day/<br>Year) | Code        | V        | (A)        | (D)      | Date<br>Exer-<br>cisable | Expira-<br>tion<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares | (Instr.<br>5) | Owned at End of Month (Instr. 4) | Direct<br>(D) or<br>Indi-<br>rect (I)<br>(Instr.<br>4) | ership<br>(Instr.<br>4) |
|-------|------------------------------------------------------------------------------------------------|---------------|-------------|----------|------------|----------|--------------------------|-------------------------|---------|----------------------------------------|---------------|----------------------------------|--------------------------------------------------------|-------------------------|
|       |                                                                                                |               |             |          |            |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
|       |                                                                                                |               |             |          |            |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
|       |                                                                                                |               |             |          |            |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
|       |                                                                                                |               |             |          |            |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
|       |                                                                                                |               |             |          |            |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
|       |                                                                                                |               |             |          |            |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
|       |                                                                                                |               |             |          |            |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
|       |                                                                                                |               |             |          |            |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
| Expla | nation of Responses:                                                                           |               |             |          |            |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
| (1)   | Award of restricted stock under Occide                                                         | ntal Petro    | oleum Co    | orporat  | ion's 199  | 6 Restri | cted Stock               | Plan for N              | Non-Emp | loyee Dire                             | ctors.        |                                  |                                                        |                         |
|       | tentional misstatements or omissions of facts ee 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).         | constitute F  | Federal Cr  | iminal V | iolations. |          |                          |                         |         |                                        |               |                                  |                                                        |                         |
| Note: | File three copies of this Form, one of which If space is insufficient. see Instruction 6 for p |               | anually sig | ıned.    |            |          |                          |                         | /s/ CHF | RISTEL H.                              | PAULI         |                                  | April 29,                                              | , 2003                  |

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.

\*\*Signature of Reporting Person

Christel H. Pauli, Attorney-in-Fact for Ronald W. Burkle

Date