Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Nashington, | D.C. | 20549 |  |
|-------------|------|-------|--|
|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |     |  |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |  |
| hours per response.      | 0.5 |  |  |  |  |  |  |  |  |

|  |  |         |          |   | or Sect   | tion 3   | 0(h) of the Ir                   | ivestme  | nt Cor | npany Act o | of 194  | 10                                  |   |                      |                       |   |  |            |
|--|--|---------|----------|---|---|--|----------------------------------|--|--------|-------------|---|-------------------------------------|---|----------------------|-----------------------|---|--|------------|
| Name and Address of Reporting Person*     Mitrova Tatiana  |  |         |          | 2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LIMITED/NV [ SLB ] |   |  |                                  |  |        |             | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                     |   |                      |                       |   |  |            |
| <u>Militova Tatiana</u>                                    |  |         |          |   |   |  |                                  |  |        |             |   | 4                                   | X Direc   | tor                  |                       | 10% O   | wner   |            |
| (Last)   | (Fir   | rst) (N | Middle)  |   | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2023 |  |                                  |  |        |             |   |                                     | Office<br>below   | er (give title<br>v) |                       | Other (sbelow)  | specify  |            |
| 5599 SAN FELIPE ST., 17TH FLOOR                            |  |         |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                    |   |  |                                  |  |        |             | 6. Individual or Joint/Group Filing (Check Applicable Line)             |                                     |   |                      |                       |   |  |            |
| (Street)   |  |         |          |   | 1   |  |                                  |  |        |             |   |                                     |   | X Form               | filed by On           | e Repor   | rting Pers   | on         |
| HOUST  | ON TX  | 7       | 7056     |   |   |  |                                  |  |        |             |   |                                     |   | Form<br>Perso        | filed by Mo<br>on     | re than   | One Rep  | orting     |
| (City)   | (St  | ate) (Ž | Zip)     |   | Rule 10b5-1(c) Transaction Indication                       |  |                                  |  |        |             |   |                                     |   |                      |                       |   |  |            |
|  |  |         |          |   |   |  | is box to indic<br>e affirmative |  |        |             |   |                                     |   |                      | uction or writt       | en plan t   | that is inte   | nded to    |
|  |  | Table   | I - Non- | -Deriva   | tive Se   | cur  | ities Acq                        | uired,   | Dis    | posed of    | , or  | Ben                                 | eficia  | ally Own             | ed                    |   |  |            |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |  |         |          | Execution Date,   |   | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5) 5) |                                  |  |        |             | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)       |                                     | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                      |                       |   |  |            |
|  |  |         |          |   |   |  |                                  | Code   | v      | Amount      | (A<br>(E  | A) or<br>D)                         | Price   | Transa               | action(s)<br>3 and 4) |   |  | (instr. 4) |
| Common Stock, \$0.01 Par Value Per Share 05/01/            |  |         |          |   | 2023  |  |                                  | A  |        | 3,850(1)    |   | A                                   | \$ <mark>0</mark>   | 0 32,994             |                       | I   | D  |            |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |          |   |   |  |                                  |  |        |             |   |                                     |   |                      |                       |   |  |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | Derivative Conversion Date Execution Date,<br>Security or Exercise (Month/Day/Year) if any   |         | n Date,  |   | Transaction of Code (Instr. Derivative                      |  |                                  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        |             | ount of<br>curities<br>derlying<br>ivative                              | lerlying (Invative<br>urity (Instr. |   |                      |                       | D.<br>wnership<br>orm:<br>irect (D)<br>r Indirect<br>) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |

## **Explanation of Responses:**

1. Pursuant to Schlumberger Limited 2004 Stock and Deferral Plan for Non-Employee Directors.

/s/ Samantha Blons, Attorneyin-Fact

Amount Number

of Shares

Title

05/03/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

Code

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.

(D)

(A)

Date Exercisable

Expiration Date