FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| OMB APPROVAL | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burd | en | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* <u>ISAAC TONY</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LTD /NV/ [SLB] | | | | | | | | | | (Check all | | | | Person(s) to Issuer 10% Owner | |
|--|--|--|---------------|--|--|---|--|---|----------|--|----------|--------------------------------|--------------------|---------------------------------------|---|-----------------------|---|--|---|--------------------------------|--|
| (Last) 5599 SAI | (Fir | est) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2012 | | | | | | | | | | | | Officer (give title elow) | | Other (specify below) | | |
| (Street) HOUSTO | | | 77056 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | Forn | or Joint/Group Filing (Check Applicable on filed by One Reporting Person on filed by More than One Reporting son | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | cur | ities | Acq | juired, | Dis | posed o | f, o | r Ber | nefic | ially | Owne | ed | | | |
| | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Secu Bene Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pri | се | | saction(s) : 3 and 4) | | | (Instr. 4) | |
| Common Stock, \$0.01 par value per share 04/30/ | | | | | 0/2012 | 2 | | | A | | 2,250(1) | | A | | \$ <mark>0</mark> | : | 2,250 | | D | | |
| common stock, \$0.01 par value per share 04/30. | | | | | 0/2012 | | | A | | 2,250 | | A | | \$0 | 26,000 | | | I ⁽²⁾ | by spouse | | |
| Common Stock, \$0.01 par value per share 04/30/ | | | | | 0/2012 | 012 | | | G | | 2,250 | | D | | \$0 | | 0 | | 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) | 2. Conversion or Exercise Price of Derivative Security | rercise (Month/Day/Year) if any Code (Month/Day/Year) 8) | | | n of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Expiration Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | e ar) | Amount of Securities Underlying Derivative Security (Instr. and 4) | | f nstr. 3 mount umber | Der Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Seneficially Owned Following Reported Transaction (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- $1.\ Pursuant\ to\ Schlumberger\ Limited\ Stock\ and\ Deferral\ Plan\ for\ Non-Employee\ Directors.$
- 2. By gift to spouse.

Saul Laureles, Attorney-in-Fact 05/01/2012

** Signature of Reporting Person Da

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

- * 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.