| SEC Form 4 | |
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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

Washington, D.C. 20549

| (| ٦N | ЛB | APPROVAL | |
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OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

| | | | | or Sec | ction 30(h) of the In | /estmer | nt Con | npany Act of 1 | 940 | | | | | | |
|--|---------|---------------|--|---|--|---------|--------|----------------|---|---|--|------------|----------|--|--|
| 1. Name and Address of Reporting Person* Coleman Peter John | | | | 2. Issuer Name and Ticker or Trading Symbol <u>SCHLUMBERGER LIMITED/NV</u> [SLB] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) | (First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2024 | | | | | | | Officer (give title below) | | (specify | | |
| 5599 SAN FELIPE, 17TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) HOUSTON | TX | 77056 | | | | | | | | X | Form filed by On Form filed by Mo Person | | | | |
| (City) | (State) | (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | |
| | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | |
| | | Table I - Nor | n-Derivat | tive S | ecurities Acq | uired, | Disp | posed of, o | or Ben | neficially | Owned | | | | |
| Date | | | 2. Transact Date (Month/Day | Execution Date, Transaction Disposed Of (D) (Instr. 3 | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | |

Common Stock, \$0.01 Par Value Per Share 4,001(1) 05/01/2024 \$<mark>0</mark> 18,457 Α A 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | of Expiration Date (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4 | | | e and Int of rities rlying ative ative (Instr. 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|-----|--|--------------------|-------|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

/s/ Samantha Blons, Attorney-05/03/2024

in-Fact

** Signature of Reporting Person Date

(Instr. 3 and 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).

** 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.