FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasinigton, | D.C. | 20343 | |
|-------------|------|-------|--|
| | | | |

| 1 | OMB APPROVAL | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burd | len | | | | | | | |
| | 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* | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LTD /NV/ [SLB] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|--|-------------|---|--|---|---|--------|-----------------------------|-----------------------|---|---|-------------------------|--|--|--|
| GOULD ANDREW SCHLUMBERGER | | | | | <u> </u> | | | | | X Director | | 10% Owne | | ner | | | |
| (Last) | (F | First) | (Middle) | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | X Officer below) | (give title | | Other (sp | pecify | |
| C/O SCHLUMBERGER LIMITED | | | | | 01/17/ | | | 540ti011 (1110t | | ay, , | | | CH | IAIRMAN | N AN | D CEO | |
| | _ | | | | | | | | | | | | | | | | |
| 5599 SA | N FELIPE | 17TH FLOOR | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If Am | endment, | Date (| of Original F | iled (| Month/Day | y/Year) | 6. I Lin | , | · | 0 (| | |
| HOUST | ON T | X | 77056 | | | | | | | | | | | • | • | ting Person | |
| | | | | | | | | | | | | | Form fil Person | | than (| One Report | ing |
| (City) | (9 | State) | (Zip) | | | | | | | | | | 7 613011 | | | | |
| | | Tá | able I - Non | -Deriva | tive S | ecuritie | s Ac | quired, | Disp | osed o | f, or Be | neficiall | y Owned | | | | |
| ''' ''' ', | | 2. Transac Date (Month/Da | Execution D ay/Year) if any | | xecution Date, Transacti | | | | | | Beneficia Owned Fo | Forn | | Direct Indirect Etr. 4) | '. Nature of ndirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | Reported Transacti (Instr. 3 a | on(s) | | (| nstr. 4) |
| | | | Table II - I | | | | | uired, D | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Yo | te, 4. Tran | e (Instr. | 5. Number Derivative Securities Acquired or Disposof (D) (In 3, 4 and 9) | er of re ss I (A) sed str. | r of 6. Date Exercisable and e Expiration Date (Month/Day/Year) (A) | | isable and 7. Title and Amo | | nd Amount ties ng e Security | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | | expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | on(s) | | |
| Incentive Stock Option (right to buy) | \$84.93 | 01/17/2008 | | A | | 1,177 | | 01/17/2009 | (1) 0 | 1/17/2018 | Common Stock | 1,177 | \$0 | 1,177 | | D | |
| NQ Stock Option (right to buy) w/ tandem | \$84.93 | 01/17/2008 | | A | | 323,823 | | 01/17/2009 | (1) 0 | 1/17/2018 | Common Stock | 323,823 | \$ \$0 | 323,82 | 3 | D | |

Explanation of Responses:

1. This option becomes exercisable in five equal annual installments beginning January 17, 2009.

By: /s/Lynda M. Quagliara Attorney-in-Fact For: Andrew

F. Gould

** Signature of Reporting Person Date

01/18/2008

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.