FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGE | S IN BENEFICIA | AL OWNERSHIP |
|------------------|-----------|----------------|---------------------|

| I | OMB APF | ROVAL |
|---|-------------|---------|
| I | OMB Number: | 3235-02 |

| 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

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

| 1. Name and Address of Reporting Person* AYAT SIMON (Last) (First) (Middle) C/O SCHLUMBERGER LIMITED 5599 SAN FELIPE 17TH FLOOR | | | | | Schlumberger LTD /NV/ [SLB] 3. Date of Earliest Transaction (Month/Day/Year) 01/22/2009 | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | |
|---|-------------------------|-------------------|----------------------------|---|--|--|---|-----------------------------------|-----------------|----------|---|--------------------------|---|--|---|---|---|
| (Street) HOUST(| ON T | X State) | 77056 (Zip) | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Lir | X Form Form Perso | , | | | | | |
| 1. Title of Security (Instr. 3) | | | 2 Da | Transaction | | 2A. Deemed Execution Date if any (Month/Day/Yea | | 3. Transaction Code (Instr. | | (A) or | | d (A) or tr. 3, 4 and | 5. Amou Securiti | nt of es ally Following d tion(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| 1. Title of Derivative | (e.g., pt | | J., put | uts, calls, warrants 5. Number of Derivative | | | quired, Disposed of, or Beneficial ts, options, convertible securities 6. Date Exercisable and Expiration Date 7. Title and Amore of Securities | | | | | Owned | | | 10. Ownership | | |
| Security (Instr. 3) | or Exercise Price of | (Manda/Day/Vaan) | | Code (Instr. 8) | | Derivativ | | | | le and | | | 8. Price o | | | | |
| | Derivative Security | (Month/Day/Year) | if any (Month/Day/Year) | | | Derivativ Securitie Acquired or Dispos of (D) (Ins 3, 4 and 5 | re s I (A) sed str. | | Date | le and | | ies g Security | | derivativ Securitie Beneficia Owned Followin Reported | e es ally g | | of Indirect Beneficial Ownership (Instr. 4) |
| | Derivative | (Monthibay) Year) | | | (Instr. | Securitie Acquired or Dispos of (D) (Ins | re ss I (A) sed str. 5) | Expiration | Date //Year) | piration | of Securit Underlyin Derivative | ies g Security | Derivative Security (Instr. 5) | derivativ Securitie Beneficia Owned Followin | e es ally g | Ownership Form: Direct (D) or Indirect | of Indirect Beneficial Ownership (Instr. 4) |
| Incentive Stock Option (right to buy) | Derivative | 01/22/2009 | | 8) | (Instr. | Securitie Acquired or Dispos of (D) (In: 3, 4 and 5 | re ss I (A) sed str. 5) | Expiration (Month/Day | Date //Year) | piration | of Securit Underlyin Derivative (Instr. 3 ar | Amount or Number | Derivative Security (Instr. 5) | derivativ Securitie Beneficia Owned Followin Reported Transact | e essally g d d cion(s) | Ownership Form: Direct (D) or Indirect | of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

 $1. \ This \ option \ becomes \ exercisable \ in \ five \ equal \ annual \ installments \ beginning \ January \ 22, \ 2010.$

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

01/23/2009

<u>Ayat</u>

** Signature of Reporting Person

Date

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.