FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

gton, D.C. 20549	Γ	
		C

OMB APPRO	VAL							
OMB Number:	3235-0287							
Estimated average burden								
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Floridia Aaron Gatt				2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LTD /NV/ [SLB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) 5599 SA	`	irst) 17TH FLOOR	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/15/2015								below)	.0	ident	below)	беспу
(Street)	ON T	X	77056		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip) .ble I - Nor	n-Deriv	ativ	/e Se	curitie	es Aca	uired.	Disi	posed of	or Ber	neficiall	v Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action 2A. Deemed Execution Date,		3. 4. Securities Ad Disposed Of (D Code (Instr.		s Acquired (A) or f (D) (Instr. 3, 4 and		5. Amoun Securities Beneficia Owned Fo	5. Amount of Securities Beneficially Owned Following		Direct Ir Indirect B tr. 4) C	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount (A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)		(1	Instr. 4)		
Common Stock, \$0.01 Par Value Per Share 01/17				7/201	/2015		A		11,528(1	28 ⁽¹⁾ A		30,0	30,634		D			
Common Stock, \$0.01 Par Value Per Share 01/17/				/2015		M		8,800(2)	A	\$0	39,4	39,434		D				
			Table II -								osed of, o			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 Da if any (Month/Day/Y	Co	Transaction Code (Instr.		Derivative		6. Date Exercisable a Expiration Date (Month/Day/Year)		е	of Securities		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)		Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	on(s)	1(5)	
Non- qualified Stock Option (Right to Buy)	\$77.795	01/15/2015		A	A		71,000		01/15/201	16 ⁽³⁾	01/15/2025	Common Stock, \$0.01 Par Value Per Share	71,000	\$0	71,000	0	D	
Stock Right	\$0	01/17/2015		N	М			8,800	01/17/201	15 ⁽⁴⁾	01/17/2015	Common Stock, \$0.01 Par Value	8,800	\$0	0		D	

Explanation of Responses:

- 1. These shares of Schlumberger common stock were issued to the reporting person in connection with the Company attainment of the performance criterion underlying 2-year performance share units that were granted in January 2013 for the 2014 performance period.
- 2. The stock rights that were issued to the reporting person on January 16, 2014 convert into common stock on a one-for-one basis.
- 3. This option becomes exercisable in five equal annual installments beginning January 15, 2016.
- 4. 8,800 shares of common stock were earned by the reporting person on January 16, 2014 upon vesting of the underlying performance share units, but were subject to a holding period under French law. This restriction lapsed on January 17, 2015.

/s/Lynda Quagliara Attorney-in-01/20/2015 Fact for: Aaron Gatt Floridia

Share

** 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.