FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL							
OMB Number: 3235-0								
Estimated average burden								
hours per respons	e: 0.5							

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* Rennick Gavin					2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LIMITED/NV [SLB]									k all app Direc	,	ng Person	10% O	wner	
(Last) (First) (Middle) 5599 SAN FELIPE, 17TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024								X	below	<i>ı</i>) ``	Other (spe below) New Energy		specify	
(Street) HOUSTON TX 77056					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See I								suant to			uction or writt	en plan th	at is inte	nded to
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securi Benef		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount (/		or Pr	ice	Transa	ed ction(s) 3 and 4)			(Instr. 4)
Common Stock, \$0.01 Par Value Per Share 03/01/2				.024			A		10,505(1)) A		\$ <mark>0</mark>	88,068		D				
Common Stock, \$0.01 Par Value Per Share 03/01/2				2024				F		4,134	D	\$	49.26	83,934		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)	ative or Exercise (Month/Day/Year) 3) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt er		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

1. The Company granted performance share units ("PSUs") to the reporting person on January 20, 2021. Vesting of the PSUs was based on three-year Company performance relative to select key competitors. Most of these competitors had not reported their 2023 audited financial results when the Company's compensation committee met in January 2024 to certify performance under the PSUs. As a result, the Company's compensation committee approved the issuance of 80% of the shares that the committee determined had been earned according to the information available to the committee at the time. As of March 1, 2024, all such competitors had reported their 2023 audited financial results. Shares of common stock reported hereunder represent shares finally determined to have been earned under the PSUs

> /s/ Samantha Blons, Attorney-03/05/2024 in-Fact ** 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.