FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

1. Name and Address of Reporting Person*

Sheets Jeffrey Wayne

| STATEMEN | OMB Number: Estimated avera | 5-0287 | | | | | | |
|----------|---|---|---|-------------------------|-----------------------|------|--|--|
| Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | hours per respo | nse: | 0.5 | | |
| | 2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LIMITED/NV [SLB] | | tionship of R all applicab Director | Reporting Person le) | (s) to Issuer | | | |
| ddle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2020 | | Officer (gives) | ve title | Other (spec below) | cify | | |
| | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |

| (Last) (First) (Middle) 5599 SAN FELIPE, 17TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2020 | | | | | | | | | Offic belo | er (give title w) | Other below | (specify) | | |
|---|------|----------|--------------------------|---|--------|---|---------|---------------------------------|--|-------|---------------------|---|-----------------------------------|---------------------------------------|--|---|---|--|
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | , | | | | | |
| HOUSTO | ON T | ζ 7 | 77056 | | | | | | | | | | X | Form filed by More than One Reporting | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Pers | son | | |
| | | Tabl | e I - Nor | ı-Deriv | /ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or E | 3enef | icially | Own | ed | | |
| 1. Title of Security (Instr. 3) | | | Date (Month/Day/Year) | | ar) ii | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | | | | 4 and Securities Beneficiall | | ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Transaction(s) (Instr. 3 and 4) | | | (instr. 4) |
| Common Stock, \$0.01 Par Value Per Share 01/1 | | | | 01/1 | 7/2020 | /2020 | | A | | 2,269 | (1) A \$ | | \$0 | 2,269 | | D | | |
| | | Та | able II - D | | | | | | | | sed of, onvertib | | | | wned | | | |
| | | rivative | Execution Date, If any | | | Transaction Code (Instr. 8) | | ative rities ired osed | 6. Date Exercis Expiration Dat (Month/Day/Ye | | 9 | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Dei Sed (Ins | rice of ivative derivative securities Beneficially Owned Following Reported Transaction (Instr. 4) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amou or Numb of Share | er | | | | |

Explanation of Responses:

1. Granted pursuant to the Schlumberger Limited 2004 Stock and Deferral Plan for Non-Employee Directors.

/s/ Saul R. Laureles, Attorneyin-Fact

01/16/2020

** 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.