FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| l | 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

| | nd Address of u Jean-Fi | Reporting Person* | | 2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LTD /NV/ [SLB] | | | | | | | | | ck all appli Directo | cable) or | g Person(s) to Is | | wner | | | |
|---|---|--|--|--|--------------------------------------|--|---|------------|---------------------------------------|-----------------------------------|------------------|--|----------------------------|----------------------|--|---|---|-----------|--|--|
| (Last) (First) (Middle) 5599 SAN FELIPE, 17TH FLOOR | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/04/2013 | | | | | | | | below) | | Other (s below) Vice President | | вреспу | |
| (Street) HOUSTON TX 77056 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | e Sec | uriti | es Ac | quired, | Dis | oosed c | of, or B | enef | icially | / Owned | <u> </u> | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | | Execution D | | | Code (I | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common | Stock, \$0.0 | 4/2013 | 2013 | | М | | 8,000 |) <i>A</i> | 1 | \$0 | 44 | 44,561 | | D | | | | | | |
| Common | 5/2013 | 2013 | | S | | 8,000 |) [|) \$ | 79.88 | 36,561 | |] | D | | | | | | | |
| | | 7 | able II - | | | | | | uired, D s, option | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactio Code (Inst 8) | | n of | | 6. Date Ex Expiration (Month/Da | Date | Amount of | | of es ing ve Seci | | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owne Form Direct or Ind (I) (Ins | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | or | ount nber ires | | | | | | |
| DCII | | | | I |] | | | | | | | Commo | n _ | | | | | | | |

Explanation of Responses:

(restricted stock unit)

(1)

1. Each restricted stock unit represents the right to receive, at settlement, one share of common stock. The reporting person had vested restricted stock units settled in shares of common stock.

8,000

 $2.\ The\ 8,000\ restricted\ stock\ units,\ which\ were\ issued\ in\ 2010\ and\ subject\ to\ a\ 3-year\ cliff\ vesting\ schedule,\ vested\ on\ February\ 4,\ 2013.$

/s/Lynda Quagliara Attorney-

8,000

\$0⁽¹⁾

in-Fact For:Jean-Francois

Poupeau

\$0.01 par

alue per

02/04/2013

** Signature of Reporting Person

Date

02/06/2013

D

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).

02/04/2013

** 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.