FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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| STATEMENT | OF | CHANGES | IN RENEE | ICIAI | OWNERS | SHIP |
|-----------|----|---------|------------|-------|----------|--------|
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OMB APPROVAL

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).

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

| 1. Name and Address of Reporting Person* Poupeau Jean-Francois | | | | | 2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LIMITED/NV [SLB] | | | | | | | | (Ch | eck all app Direc | olicable) ctor | 10% | Person(s) to Issuer 10% Owner Other (specify | |
|--|-------------------|-----------------------|---------------------------|---|---|---|-------------------------------------|-------|------------------|---|--------------------|---|---------------------------|--|---|---|--|--|
| (Last) 5599 SA | (Fii N FELIPE, | rst) (1 17TH FLOOR | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2019 | | | | | | helov | | |) | | | |
| (Street) HOUSTO | | | 77056 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 01/23/2019 | | | | | Lin | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, or l | Benef | icial | ly Own | ed | | |
| Date | | | Execu Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Secur Benef | ficially ed 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 _F | Price | Trans | action(s) 3 and 4) | | (111501.4) | |
| Common Stock, \$0.01 Par Value Per Share 01/1 | | | 01/18 | 3/2019 | 2019 | | F | | 35,386 | 5,386 D : | | \$43.9 | 7 1 | 19,908 | D | | | |
| Common Stock, \$0.01 Par Value Per Share | | | | | | | | | | | | | | 91.5 | I | Sl Profit Sharing Plan | | |
| 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) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) | | | n Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) or Dispo | posed D) tr. 3, 4 | | | e Amount of Securities Underlying Derivative Security (Ins and 4) | | nt of ities lying ative ity (Inst | r. 3 | s. Price of Derivative Security Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Numb of Share | er | | | | |

Explanation of Responses:

Remarks:

This amendment is being filed due to an administrative error in tax withholding calculations. Line 1 of Table I is restated in order to reflect the correct number of shares of common stock withheld for taxes.

/s/ Saul R. Laureles, Attorneyin-Fact

02/01/2019

** 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.