FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | DС | 20549 | |
|-------------|------|-------|--|
| vasimigton, | D.O. | 20040 | |

| STATEMENT C | F CHANGES | IN BENEFICIAL | OWNERSHIP |
|-------------|-----------|---------------|------------------|

| OMB APP | ROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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

| Name and Address of Reporting Person* Papa Mark G | | | | 2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LIMITED/NV [SLB] | | | | | | | | Relationship neck all app X Direc | , | ng Per | rson(s) to Is | | | | |
|---|--|--------|---------------------------------|---|---------|--|--------|---|--------|----------|---|--|---|--|--|----------------------|---------|--|------------|
| (Last) 5599 SA | (Fir | st) (M | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2022 | | | | | | | Office belov | er (give title v) | | Other (sbelow) | specify | | |
| (Street) HOUSTO | ON TX | | 7056 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | e) X Form Form | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | Ben | eficia | ally Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | | Form (D) o | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | | Code | v | Amount | (A) |) or) | Price | Transa | ction(s) 3 and 4) | | | (111511.4) |
| Common Stock, \$0.01 Par Value Per Share | | | 05/02/2 | 2022 | | | | A | | 7,434(1) | | A | \$ <mark>0</mark> | 6 | 8,286 | | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | ction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4) Amount or Number of Title Share: | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Pursuant to Schlumberger Limited 2004 Stock and Deferral Plan for Non-Employee Directors.

/s/ Samantha Blons, Attorney-05/04/2022 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.