FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* BELANI ASHOK						2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LIMITED/NV [SLB]								(Chec	ationship of Reportin (all applicable) Director Officer (give title		ng Person(s) to Is: 10% Ow Other (s		vner
(Last) 5599 SA	(Fir N FELIPE,	st) (M 17TH FLOOR	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/12/2021								X	belov				
(Street) HOUST(ON TX	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form Form	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transac Date (Month/Da	y/Year) Exec		A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				ies Fori cially (D) (Following (I) (I		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pr	ice	Report Transa (Instr.	action(s) 3 and 4)			(Instr. 4)
Common	Common Stock, \$0.01 Par Value Per Share 03/12/				2021	021			A		3,881(1)	A		\$ <mark>0</mark>	25	53,979		D	
Common	Common Stock, \$0.01 Par Value Per Share 03/12			03/12/2	2021				F		1,528	1,528 D \$		29.24	252,451			D	
Common Stock, \$0.01 Par Value Per Share														5,054			SL Int'l P/S 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)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)	Instr.	of	ired r osed) r. 3, 4	6. Date Exerc Expiration De (Month/Day/Y		ite	Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount of Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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 17, 2018. Vesting of the PSUs was based on three-year Company performance relative to select key competitors. Most of these competitors had not reported their 2020 audited financial results when the Company's compensation committee met in January 2021 to certify performance under the PSUs. As a result, the Company's compensation committee approved the issuance of 90% of the shares that the committee determined had been earned according to the information available to the committee at the time. As of March 12, 2021, all such competitors had reported their 2020 audited financial results. Shares of common stock reported hereunder represent shares finally determined to have been earned under the PSUs.

/s/ Saul R. Laureles, Attorney-03/16/2021

** Signature of Reporting Person

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.