SEC Form 4
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## FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB APPR	OVAL								
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

	tion 16. Form 4	or Form 5	• · ·								•				Estima	ated average	ourde	n
	tions may conti ction 1(b).	nue. See	pursu	pursuant to Section 16(a) of the Securities Exchange Act of 1934										per response	:	0.5		
					or S	Section 3	80(h) of thè	Ínvestr	nent C	Company Act o	of 1940							
1. Name a	nd Address of		2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Prechn	<u>er Ugo</u>	<u>SC</u>	SCHLUMBERGER LIMITED/NV [ SLB ]								all appli Directe	,	ole) 10% Owr					
													х	Office	r (give title	Otl	ner (s	pecify
(Last)	(Fi	rst) (f		3. Date of Earliest Transaction (Month/Day/Year)								below)			ow)			
5599 SA	N FELIPE.	17TH FLOOR				08/202	2								VP Co	ntroller		
	· · · · · · · · · · · · · · · · · · ·												ļ					
(Street)			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
HOUST	ΟΝ ΤΣ										X	,						
																re than One	Repo	orting
(City)	(St	ate) (2	Zip)											Perso	n			
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								-	α, D	isposed o	-						—	
1. Title of	Security (Ins	tr. 3)		2. Transactio Date	n	Execution Date,		3. 4. Securities Transaction Disposed Of					and 5) Securities			6. Ownersh Form: Direc		7. Nature of Indirect
				(Month/Day/	Year)			Code (Instr. 8)					Beneficial Owned Fo			(D) or Indire (I) (Instr. 4)		Beneficial Ownership
											(A) or Brice		Reported		ed	()(	0	(Instr. 4)
								Code	v	Amount	(D)	Price		(Instr. 3 and 4)				
Common	Stock, \$0.0	)1 Par Value Per		11/00/20				s		0.212		\$54.3	01(1)	c	727	D		
Share 11/08/20								5		8,213	D	φ54.5	01(-)	0,	/2/	D		
		Tal	ble IL	- Derivati	ve S	ecurit	ies Aca	uired	. Dis	posed of,	or Be	neficia	ally O	wned				
		14		(e.g., pu	its, c	alls, v	varrants	s, opti	ons,	, convertit	ole se	curitie	s)	mea				
1. Title of										ercisable and	7. Title		8. Price of		9. Number			11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	if any			saction (Instr.	of Derivative		Expiration Date Amount of (Month/Day/Year) Securities						derivative Securities	Owner Form:	ship	of Indirect Beneficial
(Instr. 3)	Price of Derivative Security		(Montl	h/Day/Year)	8)		Securities Acquired	cquired Underlying					(Inst	r. 5)	Beneficially Owned	/ Direct or Indi	rect	Ownership (Instr. 4)

		Derivative Security				Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Derivative Security (Instr. 3 and 4)		Owned Following Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$54.30 to \$54.305. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

<u>/s/ Samantha Blons, Attorney-</u>	11/10/2022
<u>in-Fact</u>	11/10/2022
** Signature of Reporting Person	Date

\*\* 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.