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SCHLUMB Form 4 April 25, 20	ERGER LTD /NV 14	VI									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION	OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue			Wa F CHAN Section 1 Public U	shington NGES IN SECUF .6(a) of th	, D.C. 20 BENEF RITIES ne Securit ding Con	ERSHIP OF Act of 1934, 1935 or Section	Number: 3235-0 Expires: January Estimated average burden hours per response				
1(b).	uction	00(11)			, compu	.je		·			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Cox Stephanie			2. Issuer Name and Ticker or Trading Symbol SCHLUMBERGER LTD /NV/ [SLB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
5599 SAN FELIPE, 17TH FLOOR (M (Street) 4.1			3. Date of Earliest Transaction (Month/Day/Year) 04/25/2014					Director 10% Owner Officer (give title Other (specify below) below) Vice President Human Resources			
				endment, Da nth/Day/Yea	-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
HOUSTON	I, TX 77056							Form filed by Me Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)		Date, if	1 、				 A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, \$0.01 par value per share	04/25/2014			Code V	Amount 19,522	or (D) D	Price \$ 101.44	(Instr. 3 and 4) 16,404	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	4. Transactio Code (Instr. 8)	of	5	Date	7. Title Amount Underly Securiti (Instr. 3	t of ying ies	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	o Title N o	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Cox Stephanie 5599 SAN FELIPE, 17TH FLOOR HOUSTON, TX 77056			Vice President Human Resources			
Signatures						
/s/Lynda Quagliara Attorney-in-Fact	for:					
Stephanie Cox			04/25/2014			
** Signature of Reporting Person			Date			
Explanation of Responses.						

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.