Edgar Filing: NATIONAL OILWELL VARCO INC - Form 4

NATIONAI Form 4 February 27	LOILWELL VAF	RCO INC									
	ЛЛ								• • • • •	PPROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Statement of Changes in Beneficial ownership of Section 16. Form 4 or							OMB Number:	3235-0287		
if no lon subject to Section								NERSHIP OF	Expires: January 3 200 Estimated average burden hours per response 0.		
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a) of the	Public U		ding Con	npany	Act of	e Act of 1934, 71935 or Sectio 40			
(Print or Type)	Responses)										
WILLIAMS CLAY C S			Symbol	er Name and NAL OII			-	5. Relationship of Reporting Person(s) to Issuer			
			INC [N	OV]				(Check all applicable)			
7909 PARKWOOD CIRCLE (Month/ 02/24/2				of Earliest Transaction Day/Year) 2017				X Director 10% Owner X Officer (give title Other (specify below) below) Chairman, President and CEO			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
HOUSTON	I, TX 77036							Form filed by M Person	Iore than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securi	ities Acq	uired, Disposed of	f, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if		4. Securiti or(A) or Dis (Instr. 3, 4) Amount	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/24/2017			F	11,142 (1)	D	\$ 39.79	270,583	D		
Common Stock								30,000	Ι	by Children's Trusts	
Common Stock								41 <u>(2)</u>	I	by NOV Saving Plan	

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transactio	5. Mumber	6. Date Exercised Expiration D		7. Title Amou		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Tear)	(Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		Under Securi	lying	Security (Instr. 5)	Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
WILLIAMS CLAY C 7909 PARKWOOD CIRCLE DRIVE HOUSTON, TX 77036	Х		Chairman, President and CEO				
Signatures							
By: Brigitte M. Hunt For: Clay C. Williams		02/27/2017	,				

**Signature of Reporting Person

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).

Date

- (1) Represents the number of shares withheld from the vesting of time-based restricted stock (granted on February 24, 2016) to satisfy tax withholding liability.
- (2) Represents the number of shares equivalent of the Issuer's common stock held by Mr. Williams under the National Oilwell Varco, Inc. Supplemental Savings Plan. The information in this report is based on Mr. Williams' account balance as of February 22, 2017.

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.