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NATIONAL OILWELL VARCO INC

Form 3

November 03, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

response... 0.5

(Print or Type Responses)

1. Name and A Person * Thomas			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol NATIONAL OILWELL VARCO INC [NOV]					
(Last)	(First)	(Middle)	11/02/2015	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
7909 PARK DRIVE	WOOD C	CIRCLE		(Check all applicable)					
	(Street)			X Director 10% Owner Officer Other (give title below) (specify below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting		
HOUSTON	, TX 7	7036					Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - I	Non-Derivat	ive Securiti	ies Be	neficially Owned		
1.Title of Secu (Instr. 4)	rity		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Na Owne (Instr	•		
No securitie	es are bene	ficially own	ned 0		D	Â			
Reminder: Rep	_		ach class of securities benefic	cially S	EC 1473 (7-02	2)			
	infor requ	mation conta ired to respo	pond to the collection of ained in this form are no and unless the form disp MB control number.	t					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

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Date Expiration Amount or or Indirect Exercisable Date Number of (I) Shares (Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Thomas William R.

7909 PARKWOOD CIRCLE DRIVE X HOUSTON, TXÂ 77036

Signatures

/s/ Brigitte Hunt for William R. Thomas

11/03/2015

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.

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