Edgar Filing: NATIONAL OILWELL VARCO INC - Form 4

| NATIONAL Form 4 March 14, 20 | . OILWELL V. | ARCO INC | 2 | | | | | | | | |
|--|-------------------------------------|--|---|--------------------------------|--------------|--|-------------|---|---|---------------------|--|
| FORM | | | | | | | | | OMB AF | PROVAL | |
| | UNITE | D STATES | | RITIES A shington, | | | NGE C | OMMISSION | OMB Number: | 3235-0287 | |
| Check th if no long | | | | | | | | | Expires: | January 31, 2005 | |
| subject to Section 1 Form 4 c | 5 SIAII 16. or | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES | | | | | | | Estimated average burden hours per response 0.5 | | |
| Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | 1 | | | | | |
| (Print or Type l | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> REESE MARK A | | | 2. Issuer Name and Ticker or Trading Symbol | | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | NATIONAL OILWELL VARCO INC [NOI] | | | | | (Check all applicable) | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2005 | | | Director 10% Owner X_ Officer (give title Other (specify below) below) Group President | | | | | |
| (Street) | | | 4. If Ame | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | _X_H F | | | | | K_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non-D | Derivative S | Securi | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executio any | Execution Date, if Transaction(A) or Disposed of any Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8) (A) | | l of (D) | SecuritiesOwnershipIndiaBeneficiallyForm: DirectBeneficiallyOwned(D) orOwn | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| _ | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 03/14/2005 | | | М | 10,000 | А | \$ 28.22 | 10,000 | D | | |
| Common Stock | 03/14/2005 | | | S | 200 | D | \$ 49.47 | 9,800 | D | | |
| Common Stock | 03/14/2005 | | | S | 9,800 | D | \$ 49.41 | 0 | D | | |
| Common Stock | | | | | | | | 1,485 | I | by 401(K) 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 Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amou Underlying Secur (Instr. 3 and 4) | |
|---|---|---|---|--|---|--|--------------------|---|------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Am or Nu of S |
| Non-Qualified Stock Option (right to buy) | \$ 28.22 | 03/14/2005 | | М | 10,000 | 03/11/2005 | 03/12/2014 | Common Stock | 10 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--------------------------------------|---------------|-----------|-----------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| REESE MARK A | | | Group President | | | | |
| Signatures | | | | | | | |
| By: M. Gay Mather For: Mark Reese | А. | 03/14/2 | 2005 | | | | |

**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

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.