FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| ı | Estimated average b | urden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* RETTIG DWIGHT W | | | | | | 2. Issuer Name and Ticker or Trading Symbol NATIONAL OILWELL VARCO INC [NOV | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|-----------------------------|--|--|---|--|--|------|---|-------|---------------------------------------|---|---|---|---|----------------|--|--|--|
| KETTIG DWIGHT W | | | | | | | 1 | | | | | | | Directo | | | 10% Ov | · I | |
| | | | | | | 1 | | | | | | | | X Officer below) | (give title | | Other (s | pecify | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | Sr. Vice Pres. & Gen. Counsel | | | | | |
| 7909 PARKWOOD CIRCLE DRIVE | | | | | | 02/16/2010 | | | | | | | | | | | | | |
| | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | | | | | | | | - 1 | X Form filed by One Reporting Person | | | | | | |
| HOUSTON TX 77036 | | | | | | | | | | | Form filed by More than One Reporting | | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | Person | | | | | | | |
| | | Tal | ole I - Nor | ı-Deri\ | vativ | e Se | curitie | s Ac | quired, [| Disp | osed o | f, or Ber | neficial | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date, | | | Code (Instr. 5) | | | | Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | |
| Common Stock 02/16, | | | | | | /2010 | | A | | 9,000 | 9,000 A | | 54,767 | | | D | | | |
| | | , | Table II - | | | | | | uired, Di s, options | | | | | Owned | | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | on Date (Month/Day/Year) if | 3A. Deemed Execution D if any (Month/Day) | oate, 1 | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | of Securitie | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (right to | \$44.07 | 02/16/2010 | | | A | | 33,885 | | 02/16/2011 ⁽ | 1) 0 | 2/17/2020 | Common Stock | 33,885 | \$0 | 33,88 | 5 | D | | |

Explanation of Responses:

 $1.\ Options\ vest\ in\ three\ (3)\ equal\ annual\ installments\ commencing\ on\ the\ date\ indicated.$

By: Raymond W. Chang For: Dwight W. Rettig

02/17/2010

** Signature of Reporting Person Date

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.