FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN	BENEFICIAL	OWNERSHIP
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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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* <u>Livingston Scott B.</u>				<u>N</u> (2. Issuer Name and Ticker or Trading Symbol NOV Inc. [NOV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify						
(Last) 10353 R	(FI	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024								See Remarks					
(Street) HOUSTON TX 77042				- 4. l ⁻	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	,	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									l to					
		Tab	le I - No	n-Deri	vative	e Se	curities	s Ac	quired,	Dis	sposed o	f, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)				Benefici	es For ially (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	ction(s)			(instr. 4)	
Common Stock 02/06/2					5/2024	2024		A		21,404 ⁽¹⁾ A \$0		\$0.00	0 95,886			D			
	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. Deem Execution if any (Month/Da	Date,	Code (Ins				6. Date Exercisable Expiration Date (Month/Day/Year)		te	of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Or Or Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$17.52	02/06/2024			A		47,408		(2)		02/07/2034	Common Stock	47,408	\$0.0000	47,408	3	D		

Explanation of Responses:

- 1. An equity award of time-based restricted stock units pursuant to the NOV Inc. Long-Term Incentive Plan, which will vest in three equal annual installments commencing on the first anniversary of the date of the grant.
- 2. The option, awarded pursuant to the NOV Inc. Long-Term Incentive Plan, representing a right to purchase a total of 47,408, will become exercisable in three equal annual installments beginning February 6, 2025, which will be the first anniversary of the date on which the option was granted.

Remarks:

President Energy Products and Services

By: Brigitte M. Hunt For: Scott B. Livingston 02/07/2024

** 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.