FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028     |     |  |  |  |  |  |  |  |
| 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*  Rovig Joseph W   |   |   |          |                          | N/                               | 2. Issuer Name and Ticker or Trading Symbol NATIONAL OILWELL VARCO INC NOV ] |  |        |   |                          |         |  |               |                         |                        | all app<br>Direc  | p of Reportin<br>blicable)<br>ctor<br>er (give title  | 100   | o Issuer<br>6 Owner<br>er (specify       |
|--|---|---|----------|--------------------------|----------------------------------|--|--|--------|---|--------------------------|---------|--|---------------|-------------------------|------------------------|---|---|---|--|
| (Last) (First) (Middle) 7909 PARKWOOD CIRCLE DRIVE   |   |   |          |                          |                                  | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2017                  |  |        |   |                          |         |  |               |                         |                        | below) below) See Remarks   |   |   |  |
| (Street) HOUSTON TX 77036 (City) (State) (Zip)   |   |   |          |                          |                                  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                     |  |        |   |                          |         |  |               |                         | 6. Indiv<br>₋ine)<br>X | vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |   |  |
|  |   | Tabl  | e I - No | n-Deriv                  | ative                            | Se   | curiti   | es Acc | quired,                                 | Dis                      | posed o | f, o   | r Be          | nefic                   | ially                  | Owne  | ed  |   |  |
| Dat  |   |   |          | Date                     |                                  |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                  |        | 3.<br>Transaction<br>Code (Instr.<br>8) |                          |         |  |               |                         | , 4 and Se<br>Be<br>Ov |   | ount of<br>ities<br>icially<br>d Following  | 6. Ownershi<br>Form: Direc<br>(D) or Indire<br>(I) (Instr. 4) | of Indirect<br>Beneficial<br>Ownership   |
|  |   |   |          |                          |                                  |  |  |        | Code                                    | v                        | Amount  |  | (A) or<br>(D) | Pric                    | e                      | Reported Transaction(s) (Instr. 3 and 4)  |   |   | (Instr. 4)                               |
| Common Stock 02/24   |   |   |          |                          | 2017                             |  |  | F      |   | 1,573 <sup>(1)</sup> D S |         | \$3  | 9.79          | 41,559                  |                        | D   |   |   |  |
| Common Stock   |   |   |          |                          |                                  |  |  |        |   |                          |         |  |               |                         | 869 <sup>(2)</sup>     |   | I   | by<br>401(K)<br>Plan  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |   |          |                          |                                  |  |  |        |   |                          |         |  |               |                         |                        |   |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Conversion Date Execution or Exercise (Month/Day/Year) if any (Month/Daylytear) (Month/Daylytear) |          | n Date,<br>ay/Year)<br>- | 4. Transaction Code (Instr. ) 8) |  | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |        | 6. Date Expiration (Month/E             | on Date                  |         | Amount of Securities Underlying Derivative Security (Instr. and 4) |               | f<br>g<br>g<br>lnstr. 3 |                        |   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr.     | Beneficial<br>Ownership<br>ct (Instr. 4) |

## Explanation of Responses:

- 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 NOV common stock held by Mr. Rovig under the National Oilwell Varco, Inc. 401(k) Plan. The information in this report is based on Mr. Rovig's account balance as of February 22, 2017.

## Remarks:

President - Rig Systems & Aftermarket

By: Brigitte M. Hunt For: Joseph W. Rovig

02/27/2017

Date

\*\* Signature of Reporting Person

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.