FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |
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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

| | nd Address of EN JERE | | 2. Issuer Name and Ticker or Trading Symbol NATIONAL OILWELL INC [NOI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | | | |
|---|---|--|--|--|---|---------------|---|-------|---|---|---|--|---------------------------------------|--------------------------|---|---|--|--|--|--|
| (Last) | (Fi | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2004 | | | | | | | | | | | Other (s below) dent | pecify | |
| (Street) | 4. I1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | le I - No | | | _ | | | _ | l, Di | sposed o | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | Exe) if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | and 5) Sec Ben Owi | | mount of urities eficially ied Following orted | | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | Code | v | | | Amount | | | (A) or (D) Price | | 1 | Transaction(s) (Instr. 3 and 4) | | | | msu. 4) | | | | |
| Common | 02/18/ | /2004 | | | | | | 2,364 | A | \$22.5 | 625 | 2, | 364 | D | | | | | | |
| Common Stock 02/18/2 | | | | | | 004 | | | M | | 1,667 | A | \$18 | .53 | 4,031 | | | D | | |
| Common Stock 02/18/2 | | | | | | 2004 | | | M | | 3,333 | A | \$20 | .14 | | .364 | | D | | |
| Common Stock 02/18/ | | | | | | 2004 | | | S | | 7,364 | D | \$28 | 3.7 | | 0 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 546 | | | I | oy 401(K) Plan | |
| Common Stock | | | | | | | | | | | | | | | | 200 | | I l | oy Son ⁽¹⁾ | |
| | | Т | able II | | | | | | | | osed of | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | med | 4. Transactior Code (Instr. 8) | | 5. Number of | | , options, 6. Date Exerci Expiration Dat (Month/Day/Ye | | sable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Pi Deri Seci | rice of vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$18.53 | 02/18/2004 | | | M | | | 1,667 | 01/30/20 | 004 | 01/31/2012 | Common Stock | 1,667 | 7 | \$0 | 1,667 | | D | | |
| Non- Qualified Stock Option (right to buy) | \$20.14 | 02/18/2004 | | | М | | | 3,333 | 02/14/20 | 004 | 02/15/2013 | Common Stock | 3,333 | 3 | \$0 | 6,667 | | D | | |
| Non- Qualified Stock Option (right to buy) | \$22.5625 | 02/18/2004 | | | M | | | 2,364 | 02/22/20 | 003 | 02/23/2010 | Common Stock | 2,364 | 4 | \$0 | 0 | | D | | |
| | | | | | | | | | | | | | | | | | | | | |

Explanation of Responses:

1. Reporting person disclaims beneficial ownership of all such shares

By: M. Gay Mather For: Jeremy D. Thigpen

02/19/2004

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).