Edgar Filing: ROBERTSON JULIE J - Form 4

ROBERTSO	N JULIE J							
Form 4 April 03, 200	7							
FORM						OMB A	PPROVAL	
	OMB Number:	er: 3235-0287						
Check thi if no long subject to Section 14 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed pur Section 17(Warst AENT OF CHA rsuant to Section (a) of the Public U 30(h) of the I	Expires: Estimated burden hou response n	urs per				
(Print or Type R	Responses)							
1. Name and A ROBERTSC	Symbol	er Name an E CORP	d Ticker or Trading [NE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (I	Middle) 3. Date	of Earliest T	(Chec				
13135 SOU ASHFORD,		(Month/ 03/31/	'Day/Year) 2007		Director 10% Owner X Officer (give title Other (specify below) below) EVP & Corporate Secretary			
	(Street)		nendment, D onth/Day/Yea	rate Original ^(r)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SUGAR LA	ND, TX 77478				Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip) Ta	ble I - Non-	Derivative Securities A	cquired, Disposed o	f, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	SecuritiesHBeneficially(Owned(5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Rep	ort on a separate line	e for each class of sec	curities bene	ficially owned directly of	or indirectly.			
				Persons who res information cont required to resp	spond to the collect ained in this form ond unless the for ntly valid OMB cor	are not m	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Units	<u>(1)</u>	03/31/2007		A		26.6438 (2)		03/31/2007	(3)	Ordinary Shares	26.6438

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
ROBERTSON JULIE J 13135 SOUTH DAIRY ASHFORD SUITE 800 SUGAR LAND, TX 77478			EVP & Corporate Secretary					
Signatures								

Signatures

/s/ Julie J. 04/03/2007 Robertson

<u>**</u>Signature of Reporting Person Date

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).
- (1) 1 for 1

Consists of 26.6438 phantom stock units to be allocated to the Reporting Person under the Noble Drilling Corporation 401(k) Savings Restoration Plan (the "Plan"). These phantom stock units are payable to the Reporting Person in Ordinary Shares or cash upon any(2) distribution of such units from the Plan. In accordance with the terms of the Plan, the price of the phantom shares was calculated as the

average closing price of the Ordinary Shares during the last five trading days of the month in respect of which such match was made (March 2007).

(3) Units of phantom stock are payable to the Reporting Person in Ordinary Shares or cash upon any distribution of such units from the plan.

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.