FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | VAL       |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |
| l | 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

|   |   |  |  |          | JI Secil  | 011 30(11)   | OI LITE | mvesimeni                                 | Con  | ірапу Асі  | 01 1940            |   |  |   |  |   |          |  |  |
|---|---|--|--|----------|---|--|---------|---|------|--|--------------------|---|--|---|--|---|----------|--|--|
| 1. Name and Address of Reporting Person*  CASON THOMAS W      |   |  |  |          |   | 2. Issuer Name and Ticker or Trading Symbol TRANSOCEAN INC [ RIG ] |         |   |      |  |                    |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |          |  |  |
| CASO  | NIHOM   | AS W                                       |  |          |   |  |         |   |      | _  |                    |   | X Direct   | tor   |  | 10% Ov  | vner     |  |  |
| (Last) (First) (Middle) 4 GREENWAY PLAZA                      |   |  |  |          | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2008 |  |         |   |      |  |                    |   | Office<br>below  | er (give title<br>/)  |  | Other (s  | specify  |  |  |
|   |   |  |  | <u> </u> | If Amo  | ndmont   | Data    | of Original E                             | ilod | /Month/D   | av/Voar)           | - 6   | Individual o   | · Joint/Group   | Filing (   | Chock An  | nlicable |  |  |
|   |   |  |  |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |         |   |      |  |                    |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                                  |   |  |   |          |  |  |
| (Street)<br>HOUST   | ON T  | X  | 77046  |          |   |  |         |   |      |  |                    |   | X Form   | filed by One  | Report   | ing Perso   | n        |  |  |
|   | 011 12  | •  | 7 7 0 10   |          |   |  |         |   |      |  |                    |   |  | filed by More   | e than C   | ne Repo   | rting    |  |  |
| (City)  | (Si   | tate)                                      | (Zip)  |          |   |  |         |   |      |  |                    |   | Perso  | וונ   |  |   |          |  |  |
|   |   | Tab  | le I - Non-D   | Derivati | ve Se   | curitie  | s Ac    | quired, [                                 | Disp | osed o   | of, or Be          | eneficia  | Illy Owne  | d   |  |   |          |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |  |          | Execution Date  |  |         | Code (Instr. 5)                           |      |  |                    | nd Securit<br>Benefic                               | ies<br>cially<br>Following   | 6. Owner<br>Form: D<br>(D) or Ir<br>(I) (Instr                          | Direct<br>ndirect<br>r. 4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |          |  |  |
|   |   |  |  |          |   |  |         | Code V Am                                 |      | Amount   | (A) (D)            | Price   | Transa   | action(s)<br>3 and 4)   |  |   | (msu. 4) |  |  |
|   |   | Т  | able II - De<br>(e.  |          |   |  |         | uired, Di                                 | •    |  | •                  |   | y Owned  |   |  |   |          |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year | Cod      | saction<br>e (Instr.  |  |         | 6. Date Exe<br>Expiration I<br>(Month/Day |      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |                    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / Ov<br>Fo<br>Di<br>or<br>(I)   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                             |          |  |  |
|   |   |  |  | Code     | e V   | (A)  | (D)     | Date<br>Exercisable                       |      | Expiration<br>Date   | Title              | Amount<br>or<br>Number<br>of<br>Shares              |  |   |  |   |          |  |  |
| Deferred<br>Units   | \$0 <sup>(1)</sup>  | 05/16/2008                                 |  | A        |   | 1,701  |         | (1)                                       | T    | (1)  | Ordinary<br>Shares | 1,701   | (1)  | 1,701   |  | D   |          |  |  |

## **Explanation of Responses:**

1. Deferred Units, which are 1-for-1 ordinary share equivalents, acquired on May 16, 2008 pursuant to the issuer's long-term incentive plan. Deferred Units vest in equal installments on May 16, 2009, 2010 and 2011. Deferred Units are payable in ordinary shares of the issuer, at the reporting person's election, either (a) upon the reporting person's death, disability or retirement from the Board or (b) upon the earliest of (i) annual vesting of the Deferred Units, (ii) change of control of the issuer or (iii) the reporting person's death, disability or retirement from the Board.

## Remarks:

<u>Chipman Earle by Power of Attorney</u> <u>05/19/2008</u>

\*\* 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.