FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ı											
l	OMB APPROVAL										
ı											
l	OMB Number:	3235-0287									
l	Estimated average burden										
l	hours per response:	0.5									

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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	nd Address of David A	2. Issuer Name and Ticker or Trading Symbol Transocean Ltd. [RIG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
<u>10111161</u>	Daviu A				Transoccan Etai [100]										Direc			10% Ov	vner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/18/2023								X Officer (give title below)				Other (s below)	. ,		
` ′	CLAVE PA	,	,		0//10/2025									SVP - CHIEF ACCOUNTING OFFICER							
1414 EN											C ladinidual as laint/Ourses Filips (Obsal A. II. II.										
,	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)											
(Street)					1										X Form filed by One Reporting Person						
HOUSTON TX 77077				l										Form filed by More than One Reporting							
																Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication															
					` '																
													ritten p	plan that is in	tended						
		" "	Saus	ay trie a	ıııırııaı	ive delens	e con	ditions of Ru	ie 10b5	5-1(C). Se	e msu	iction 10									
		Table	I - No	n-Deriva	tive Se	ecur	rities	Aca	wired.	Disi	nosed of	f. or I	Benef	iciall	v Owr	ned					
				1							1				<u> </u>		Ι				
1. Title of	Security (Ins	tr. 3)		2. Transact	tion 2A. Deemed Execution Date,				3. 4. Securities Acquired (Transaction Disposed Of (D) (Instr. 3									7. Nature of Indirect			
				(Month/Day	y/Year) if any			•	Code (Instr. and 5)			. , , , .		-	Beneficially Owned		(D) c	(D) or	Beneficial		
						(Month/Day/Year)		8)				Own					Ownership (Instr. 4)				
									1		(A)	or		Repor							
									Code	l۷	Amount	(D)	or Pri	ice	Transaction(s) (Instr. 3 and 4)						
Registered Shares 07/18/2						2023		S ⁽¹⁾	İ	1,754) \$	8.76	475,048			D				
		Tab		Derivativ										•	Owne	ed					
				(e.g., pu	ts, cal	ls, v	varra	ınts,	option	s, c	onvertib	le se	curiti	es)							
1. Title of	2.	3. Transaction	3A. De	emed	4.		5.		6. Date Exercisable and			7. Title and			Price of	9. Number	of	10.	11. Nature		
Derivative Security	Conversion	Date (Month/Day/Year)		tion Date,	Transaction Code (Instr.				Expiration Date Amount of (Month/Day/Year) Securities					Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	tr. 3) Price of (Month/Day Derivative			h/Day/Year)	8)	ıısıı.						Unde	Inderlying		str. 5)	Beneficiall	y	Direct (D)	Ownership		
					Securities		Derivative						Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)					
	Security						Acquired (A) or Disposed		Security (Instr. 3 a				4)		Reported		Reported				
															Transactio (Instr. 4)		(s)				
				(Inst		of (D) (Instr. 3, 4							(111511.4)								
						and 5						┙									
												Amour	nt								
											or Number		er								
							 	<u>_</u> _,	Date	Expiration		 	of								
			1		Code	V	(A)	(D)	Exercisa	ıble	Date	Title	Shares	•		1	- 1		1		

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 25, 2022.

/s/ Daniel Ro-Trock by Power of Attorney

07/20/2023

** 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.