FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| STATEMENT | OF | CHANGES | IN BENEFI | ICIAL | OWNERSHIP |
|-----------|----|---------|-----------|-------|-----------|

| | OMB APPRO | OVAL | | | | | | | |
|---|------------------------|------|--|--|--|--|--|--|--|
| | OMB Number: 3235-02 | | | | | | | | |
| l | Estimated average burd | en | | | | | | | |
| 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* DAVIS HOWARD E | | | | | | 2. Issuer Name and Ticker or Trading Symbol Transocean Ltd. [RIG] | | | | | | | | | (Check | onship of Reporting all applicable) Director Officer (give title | | g Person(s) to Issuer 10% Owner Other (specify | | wner | |
|--|--|--|--|--|-------|--|---|-----|--------------------------------------|----------------|---|-----------|------------------------------|---|--------|--|---|---|---|-----------|--|
| (Last) 1414 EN | ` | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2020 | | | | | | | | | X | belov | v) `` | | below) | |
| (Street) HOUSTO | | X State) | | 7077 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date, | | Cod | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | | l and Secur Benef | | cially d Following | 6. Owners Form: Dire (D) or Indi (I) (Instr. 4 | ct ect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Cod | le V | Amount | | (A) or (D) | Pric | Trans | | action(s) 3 and 4) | | | (11341.4) |
| Registered Shares 02/0 | | | | | 02/06 | 5/2020 | /2020 | | | | | 64,41 | 0(1) | A | A \$0 | | 182,459 | | D | | |
| Registered Shares 02/07 | | | | | | 02/07/2020 | | | | | | 16,579(2) | | D \$0 | | \$0 165,88 | | 65,880 | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | | 3A. Deem Execution if any (Month/Da | Date, | | ransaction Code (Instr. | | of | | e Exerc ation Da h/Day/Y | | Am Sec Un De Sec | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | rivative curity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | | Date Expiratio | | Titi | or Nu of | ount mber ares | | | | | | | |

Explanation of Responses:

- 1. Performance Share Units awarded on February 10, 2017, and released on February 6, 2020, upon satisfaction of the applicable performance measures pursuant to the Issuer's 2017-2019 performance cycle.
- 2. Shares withheld upon vesting and release to satisfy tax withholding obligations.

/s/ Daniel Ro-Trock By Power of Attorney

02/10/2020

** 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.