Edgar Filing: CORE LABORATORIES N V - Form 4

CORE LAB Form 4 August 04, 2	ORATORIES N 2008	V										
FORN Check th if no lon subject t Section Form 4 c	uis box ger o STATEN 16.	NITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						N OMB Number: Expires:	urs per			
Form 5 obligation may con <i>See</i> Instr 1(b). (Print or Type	tinue. Section 17(uction	ed pursuant to Section 16(a) of the Securities Exchange Act of 1934, on 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
1. Name and A BERGMAF	2. Issuer Name and Ticker or Trading Symbol CORE LABORATORIES N V [CLB]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle) 6316 WINDFERN			3. Date of Earliest Transaction (Month/Day/Year) 07/31/2008				X Director 10% Owner X Officer (give title Other (specify below) EVP, CFO & Treasurer					
(Street) 4. If Amendment, Da Filed(Month/Day/Year HOUSTON, TX 77040				-	Applicable Line) _X_ Form filed by			oint/Group Filing(Check One Reporting Person More than One Reporting				
		(77)					Person					
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Rep	port on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned directly of	or indirectly.					
					inforn requir	nation cont ed to respo ys a curre	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not orm	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	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	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 Shares in Deferred Compensation Plan	<u>(1)</u>	07/31/2008		Ι			2,177	<u>(1)</u>	<u>(1)</u>	Common Shares	2,177

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BERGMARK RICHARD L 6316 WINDFERN HOUSTON, TX 77040	Х		EVP, CFO & Treasurer					
Signatures								
Mark F. Elvig, as		08/04/2008						

Date

Attorney-in-Fact

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

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).

These phantom shares were reported in a June 1, 2005 Form 4 as a reduction of common shares owned by the reporting person because they entitled the reporting person to receive a cash settlement only and no common shares were ever to be issued. They are now being

(1) The period of the reporting person to receive a cash settlement only and no common shares were even to be issued. They are now being moved out of the deemed investment upon the election of the reporting person to transfer funds under the Deferred Compensation Plan to an alternative investment account. No common shares were disposed of in connection with this transaction.

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.