

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

OMB Number: 3235-0076

Expires: January 31, 2009

Estimated average burden hours per response: 4.00

(See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Item 1. Issuer's Identity

Name of Issuer

Transocean Inc.

Jurisdiction of Incorporation/Organization

Cayman Islands

Year of Incorporation/Organization (Select one)

Over Five Years Ago Within Last Five Years (specify year) Yet to Be Formed

Previous Name(s) None

Entity Type (Select one)

- Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify)

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1

70 Harbour Drive

Street Address 2

City

Grand Cayman

State/Province/Country

Cayman Islands

ZIP/Postal Code

KY1-1003

Phone No.

345-745-4500

PROCESSED JAN 21 2009 THOMSON REUTERS

Item 3. Related Persons

Last Name

Long

First Name

Robert

Middle Name

L.

Street Address 1

Blandonnet International Business Center

Street Address 2

Bldg F, 7th Floor, Chemin de Blandonnet

City

Vernier

State/Province/Country

Switzerland

ZIP/Postal Code

1214

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary) Executive officer and director of Transocean Ltd.

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(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture Banking and Financial Services Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No

Other Banking & Financial Services

- Business Services Energy Electric Utilities Energy Conservation Coal Mining Environmental Services Oil & Gas Other Energy

- Health Care Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care

- Manufacturing Real Estate Commercial

- Construction REITS & Finance Residential Other Real Estate Retailing Restaurants Technology Computers Telecommunications Other Technology

Travel



09000197

**Item 5. Issuer Size (Select one)**

Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
- \$1 - \$5,000,000
- \$5,000,001 - \$25,000,000
- \$25,000,001 - \$50,000,000
- \$50,000,001 - \$100,000,000
- Over \$100,000,000
- Decline to Disclose
- Not Applicable

**Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)**

- Rule 504(b)(1) (not (i), (ii) or (iii))
- Rule 504(b)(1)(i)
- Rule 504(b)(1)(ii)
- Rule 504(b)(1)(iii)
- Rule 505
- Rule 506
- Securities Act Section 4(6)

Investment Company Act Section 3(c)

- Section 3(c)(1)
- Section 3(c)(2)
- Section 3(c)(3)
- Section 3(c)(4)
- Section 3(c)(5)
- Section 3(c)(6)
- Section 3(c)(7)

- Section 3(c)(9)
- Section 3(c)(10)
- Section 3(c)(11)
- Section 3(c)(12)
- Section 3(c)(13)
- Section 3(c)(14)

**Item 7. Type of Filing**

- New Notice      OR       Amendment

Date of First Sale in this Offering:       OR       First Sale Yet to Occur

**Item 8. Duration of Offering**

Does the issuer intend this offering to last more than one year?       Yes       No

**Item 9. Type(s) of Securities Offered (Select all that apply)**

- Equity
- Debt
- Option, Warrant or Other Right to Acquire Another Security
- Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- Pooled Investment Fund Interests
- Tenant-in-Common Securities
- Mineral Property Securities
- Other (Describe)

**Item 10. Business Combination Transaction**

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?       Yes       No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 250,000

Item 12. Sales Compensation

Recipient: Goldman, Sachs & Co. Recipient CRD Number: 361. Street Address 1: 85 Broad Street, 29th Floor. City: New York. State: New York. ZIP: 10004. States of Solicitation: All States.

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 1,500,000,000 OR Indefinite. (b) Total Amount Sold \$ 573,376,000. (c) Total Remaining to be Sold \$ 926,624,000 OR Indefinite.

Item 14. Investors

Check this box if securities in the offering have been or may be sold to persons who do not qualify as accredited investors... Enter the total number of investors who already have invested in the offering: 25

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. Sales Commissions \$ Estimate. Finders' Fees \$ Estimate.

The securities are issued under a revolving commercial paper facility. The issuer may issue, repay and reissue securities. The issuer pays the dealer a fee of .05 of the principal amount of each issuance.

**Item 16. Use of Proceeds**

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0

Estimate

Clarification of Response (if Necessary)

[Empty box for clarification of response]

**Signature and Submission**

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

**Terms of Submission.** In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.\*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

\* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box  and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

Transocean Inc.

Name of Signer

Chipman Earle

Signature

[Handwritten signature]

Title

Vice President and Secretary

Number of continuation pages attached:

9

Date

1/5/2009

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.

Items 1 and 2 Continuation Page

Item 1 and 2. Issuer's Identity and Contact Information (Continued)

Name of Issuer  
  
 Jurisdiction of Incorporation/Organization

Previous Name(s)  None

Entity Type (Select one)  
 Corporation  
 Limited Partnership  
 Limited Liability Company  
 General Partnership  
 Business Trust  
 Other (Specify)

Year of Incorporation/Organization (Select one)  
 Over Five Years Ago  Within Last Five Years (specify year)   Yet to Be Formed

At your option, supply separate contact information for this issuer:

Street Address 1:  Street Address 2:   
 City:  State/Province/Country:  ZIP/Postal Code:  Phone No.:

Name of Issuer  
  
 Jurisdiction of Incorporation/Organization  
  
 Year of Incorporation/Organization (Select one)  
 Over Five Years Ago  Within Last Five Years (specify year)

Previous Name(s)  None

Entity Type (Select one)  
 Corporation  
 Limited Partnership  
 Limited Liability Company  
 General Partnership  
 Business Trust  
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1:  Street Address 2:   
 City:  State/Province/Country:  ZIP/Postal Code:  Phone No.:

Name of Issuer  
  
 Jurisdiction of Incorporation/Organization  
  
 Year of Incorporation/Organization (Select one)  
 Over Five Years Ago  Within Last Five Years (specify year)

Previous Name(s)  None

Entity Type (Select one)  
 Corporation  
 Limited Partnership  
 Limited Liability Company  
 General Partnership  
 Business Trust  
 Other (Specify)

At your option, supply separate contact information for this issuer:

Street Address 1:  Street Address 2:   
 City:  State/Province/Country:  ZIP/Postal Code:  Phone No.:

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Newman  
 First Name: Steven  
 Middle Name: L.  
 Street Address 1: Blandonnet International Business Center  
 Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet  
 City: Vernier  
 State/Province/Country: Switzerland  
 ZIP/Postal Code: 1214  
 Relationship(s):  Executive Officer  Director  Promoter  
 Clarification of Response (if Necessary): Executive Officer of Transocean Ltd.

Last Name: Bobillier  
 First Name: Arnaud  
 Middle Name: A.Y.  
 Street Address 1: Blandonnet International Business Center  
 Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet  
 City: Vernier  
 State/Province/Country: Switzerland  
 ZIP/Postal Code: 1214  
 Relationship(s):  Executive Officer  Director  Promoter  
 Clarification of Response (if Necessary): Executive Officer of Transocean Ltd.

Last Name: Saltiel  
 First Name: Robert  
 Middle Name: J.  
 Street Address 1: Blandonnet International Business Center  
 Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet  
 City: Vernier  
 State/Province/Country: Switzerland  
 ZIP/Postal Code: 1214  
 Relationship(s):  Executive Officer  Director  Promoter  
 Clarification of Response (if Necessary): Executive Officer of Transocean Ltd.

Last Name: Brown  
 First Name: Eric  
 Middle Name: B.  
 Street Address 1: Blandonnet International Business Center  
 Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet  
 City: Vernier  
 State/Province/Country: Switzerland  
 ZIP/Postal Code: 1214  
 Relationship(s):  Executive Officer  Director  Promoter  
 Clarification of Response (if Necessary): Executive Officer of Transocean Ltd.

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name	Middle Name
Cauthen	Gregory	L.
Street Address 1	Street Address 2	
Blandonnet International Business Center	Bldg F, 7th Floor, Chemin de Blandonnet	
City	State/Province/Country	ZIP/Postal Code
Vernier	Switzerland	1214
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Executive Officer of Transocean Ltd.	

Last Name	First Name	Middle Name
Richard	Cheryl	D.
Street Address 1	Street Address 2	
Blandonnet International Business Center	Bldg F, 7th Floor, Chemin de Blandonnet	
City	State/Province/Country	ZIP/Postal Code
Vernier	Switzerland	1214
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Executive Officer of Transocean Ltd.	

Last Name	First Name	Middle Name
Briscoe	John	H.
Street Address 1	Street Address 2	
Blandonnet International Business Center	Bldg F, 7th Floor, Chemin de Blandonnet	
City	State/Province/Country	ZIP/Postal Code
Vernier	Switzerland	1214
Relationship(s):	<input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Executive Officer of Transocean Ltd.	

Last Name	First Name	Middle Name
Rose	Robert	E.
Street Address 1	Street Address 2	
Blandonnet International Business Center	Bldg F, 7th Floor, Chemin de Blandonnet	
City	State/Province/Country	ZIP/Postal Code
Vernier	Switzerland	1214
Relationship(s):	<input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	
Clarification of Response (if Necessary)	Director of Transocean Ltd.	

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Anderson      First Name: W.      Middle Name: Richard

Street Address 1: Blandonnet International Business Center      Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet

City: Vernier      State/Province/Country: Switzerland      ZIP/Postal Code: 1214

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary): Director of Transocean Ltd.

Last Name: Cason      First Name: Thomas      Middle Name: W.

Street Address 1: Blandonnet International Business Center      Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet

City: Vernier      State/Province/Country: Switzerland      ZIP/Postal Code: 1214

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary): Director of Transocean Ltd.

Last Name: George      First Name: Richard      Middle Name: L.

Street Address 1: Blandonnet International Business Center      Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet

City: Vernier      State/Province/Country: Switzerland      ZIP/Postal Code: 1214

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary): Director of Transocean Ltd.

Last Name: Grijalva      First Name: Victor      Middle Name: E.

Street Address 1: Blandonnet International Business Center      Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet

City: Vernier      State/Province/Country: Switzerland      ZIP/Postal Code: 1214

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary): Director of Transocean Ltd.

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name:  First Name:  Middle Name:   
 Street Address 1:  Street Address 2:   
 City:  State/Province/Country:  ZIP/Postal Code:   
 Relationship(s):  Executive Officer  Director  Promoter  
 Clarification of Response (if Necessary):

Last Name:  First Name:  Middle Name:   
 Street Address 1:  Street Address 2:   
 City:  State/Province/Country:  ZIP/Postal Code:   
 Relationship(s):  Executive Officer  Director  Promoter  
 Clarification of Response (if Necessary):

Last Name:  First Name:  Middle Name:   
 Street Address 1:  Street Address 2:   
 City:  State/Province/Country:  ZIP/Postal Code:   
 Relationship(s):  Executive Officer  Director  Promoter  
 Clarification of Response (if Necessary):

Last Name:  First Name:  Middle Name:   
 Street Address 1:  Street Address 2:   
 City:  State/Province/Country:  ZIP/Postal Code:   
 Relationship(s):  Executive Officer  Director  Promoter  
 Clarification of Response (if Necessary):

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Talbert      First Name: J.      Middle Name: Michael

Street Address 1: Blandonnet International Business Center      Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet

City: Vernier      State/Province/Country: Switzerland      ZIP/Postal Code: 1214

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary): Director of Transocean Ltd.

Last Name: Whitmire      First Name: John      Middle Name: L.

Street Address 1: Blandonnet International Business Center      Street Address 2: Bldg F, 7th Floor, Chemin de Blandonnet

City: Vernier      State/Province/Country: Switzerland      ZIP/Postal Code: 1214

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary): Director of Transocean Ltd.

Last Name:      First Name:      Middle Name:

Street Address 1:      Street Address 2:

City:      State/Province/Country:      ZIP/Postal Code:

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Last Name:      First Name:      Middle Name:

Street Address 1:      Street Address 2:

City:      State/Province/Country:      ZIP/Postal Code:

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary):

Item 12 Continuation Page

Item 12. Sales Compensation (Continued)

Recipient

Barclays Capital Inc.

(Associated) Broker or Dealer  None

Street Address 1

745 Seventh Avenue, 4th Floor

City

New York

State/Province/Country

New York

ZIP/Postal Code

10019

Recipient CRD Number

19714

No CRD Number

(Associated) Broker or Dealer CRD Number

No CRD Number

Street Address 2

States of Solicitation  All States

- AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  ID
- IL  IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS  MO
- MT  NE  NV  NH  NJ  NM  NY  NC  ND  OH  OK  OR  PA
- RI  SC  SD  TN  TX  UT  VT  VA  WA  WV  WI  WY  PR

Recipient

Morgan Stanley & Co. Incorporated

(Associated) Broker or Dealer  None

Street Address 1

1585 Broadway, 4th Floor

City

New York

State/Province/Country

New York

ZIP/Postal Code

10036

Recipient CRD Number

8209

No CRD Number

(Associated) Broker or Dealer CRD Number

No CRD Number

Street Address 2

States of Solicitation  All States

- AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  ID
- IL  IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS  MO
- MT  NE  NV  NH  NJ  NM  NY  NC  ND  OH  OK  OR  PA
- RI  SC  SD  TN  TX  UT  VT  VA  WA  WV  WI  WY  PR

Item 12 Continuation Page

Item 12. Sales Compensation (Continued)

Recipient

J.P. Morgan Securities Inc.

(Associated) Broker or Dealer  None

Street Address 1

270 Park Avenue - 8th Floor

City

New York

State/Province/Country

New York

ZIP/Postal Code

10017

Recipient CRD Number

79

No CRD Number

(Associated) Broker or Dealer CRD Number

No CRD Number

Street Address 2

States of Solicitation  All States

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

Recipient

(Associated) Broker or Dealer  None

Street Address 1

City

State/Province/Country

ZIP/Postal Code

Recipient CRD Number

No CRD Number

(Associated) Broker or Dealer CRD Number

No CRD Number

Street Address 2

States of Solicitation  All States

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

Signature Continuation Page

Signature and Submission

The undersigned is the duly authorized representative of the issuer(s), identified in the field beside the individual's name below.

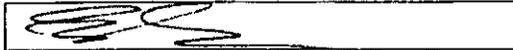
Issuer

Transocean Ltd.

Name of Signer

Chipman Earle

Signature



Title

Associate General Counsel and Corporate Secretary

Date

1/5/2009

Issuer

Name of Signer

Signature

Title

Date

Issuer

Name of Signer

Signature

Title

Date

Issuer

Name of Signer

Signature

Title

Date

(Copy and use additional copies of this page as necessary.)

END