FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERS | HIP |
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| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| 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* Jacobson William B (Last) (First) (Middle) 801 PENNSYLVANIA AVE, NW 5TH FLOOR (Street) WASHINGTON DC 20004 (City) (State) (Zip) | | | | | | 2. Issuer Name and Ticker or Trading Symbol Weatherford International plc [WFT] 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2014 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | (CI | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Sr VP, Co-Gen Coun & CCO 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
|---|--|---|--|---------|----------------------------------|--|--|------------------|--|---------------------|--|----------|-------------------------|---|---|---|--|--|
| . ,, | | · | | n-Deriv | ative | Se | curitie | s Aco | uired. | Dis | posed o | f, or | Bene | ficia | lly Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | action | ction 2A. Deemed Execution Date, | | 3. 4. Securiti | | | ties Acquired (A) o | | | 5. Am Secur Benet | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A (D | or Price | | Trans | action(s) 3 and 4) | | (| |
| Ordinary Shares 07/01/. | | | | | /2014 | 2014 | | A | | 1,824 | | A | (1) | 2 | 65,134 | D | | |
| Ordinary Shares 07/01/. | | | | | /2014 | 2014 | | F ⁽²⁾ | | 1,590 | | D | \$23 | 2 | 63,544 | D | | |
| Ordinary Shares 07/02/2 | | | | /2014 | 2014 | | | F ⁽²⁾ | | 290 | | D | \$22.7 | 79 2 | 63,254 | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | Code (Inst | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | r) Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of | | unt ber | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Transaction was a grant of restricted share units and therefore has no price. Units vested on the transaction date.
- 2. Transaction was a withholding of a portion of vested restricted shares to satisfy the reporting person's tax withholding obligations upon vesting, pursuant to the award agreement and associated equity incentive plan under which the award was granted.

Remarks:

Charity R. Kohl, by Power of **Attorney**

07/02/2014

** 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.