FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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Name and Address of Reporting Person* Mutschler Jacqueline C						2. Issuer Name and Ticker or Trading Symbol Weatherford International plc [WFRD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Mutsen	<u>ner Jacqu</u>	enne C										,		X	Directo	r		10% Ow	ner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/18/2024									Officer below)	cer (give title ow)		Other (s below)	pecify		
2000 ST. JAMES PLACE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)		-										X Form filed by One Reporting Person									
HOUST	ON T	X	77056												Form fi Person		e than	One Repor	ting		
(City)	(S	tate)	R	Rule 10b5-1(c) Transaction Indication																	
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											to satisfy									
		Tak	ole I - Nor	n-Deri	vativ	e Se	curitie	es Acc	uired,	Dis	posed o	f, or B	enefic	ially	Owned						
Date				Date	Transaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction I		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Securitie Beneficia Owned F	eneficially wned Following		Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)		ce	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Ordinary Shares					8/2024				M ⁽¹⁾		4,101	A		\$ <mark>0</mark>	38,	,318		D			
Ordinary Shares			01/1	8/202	8/2024			D ⁽²⁾		1,517	7 D \$94.5		94.5	36,801			D				
		-	Table II -								osed of, onvertib				Owned						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date ecurity or Exercise (Month/Day/Year) if any			Date,	ate, Transaction				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amo or Num of Shar	ber		(Instr. 4)	5.11(5)				
Restricted Share Units	(1)	01/18/2024			M			4,101	(1)		(1)	Ordinar Shares	4,1	01	\$0	0		D			
Restricted Share Units	(3)	01/18/2024			Α		2,397		(3)		(3)	Ordinar Shares		97	\$0	2,397	,	D			

Explanation of Responses:

- 1. Represents the vesting of restricted share units ("RSUs") granted on January 18, 2023 pursuant to the Issuer's 2019 Equity Incentive Plan, as amended and restated (the "2019 EIP"). The RSUs vest on the first anniversary of the date of grant.
- 2. At the election of the Committee administering the 2019 EIP, the vesting of the RSUs was settled partially in stock and partially in cash. Represents the deemed disposition of the ordinary shares underlying the portion of vested RSUs settled in cash.
- 3. Represents RSUs granted on January 18, 2024 pursuant to the 2019 EIP. The RSUs vest on the first anniversary of the grant date.

Remarks:

Christine M. Morrison by Power of Attorney

01/22/2024

** 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.