Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DC	20549
vvasilington,	D.O.	20070

Washington, D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:							

							` '			' '									
Name and Address of Reporting Person*  Mills Degree and J.					2. Issuer Name and Ticker or Trading Symbol Weatherford International plc [ WFRD ]  5. Relationship of Reporting Person(s (Check all applicable)										rson(s) to Is	ssuer			
Mills Desmond J				1		1010 1110		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> P20</u> [2		J		D	rect	tor		10% O	wner	
					3 Da	te of F	arliest Trans	action (I	Month	/Day/Year)			$\dashv$		ffice	r (give title		Other (below)	specify
(Last)	(Fi	rst) (N	∕liddle)			8/202		action (i	VIOTILIT	/Day/Teal)						,	nting Offi	cer	
2000 ST.	JAMES PI	LACE												51	1 0	c Cilici 71	ccou	nting Offi	CCI
					4. If A	Amend	ment, Date o	of Origina	al File	d (Month/Da	ay/Ye	ear)	6.	Individua	al or	Joint/Grou	p Filir	ng (Check A	pplicable
(Street)													Lir	ne)					
HOUST	ON TY	7	7056											X F	orm	filed by On	e Rep	orting Pers	on
															orm erso		re tha	an One Rep	orting
(City)	(St	ate) (Z	Zip)												5130	""			
		Table	I - No	n-Deriva	tive S	Secui	rities Acq	uired	, Dis	posed of	f, oı	r Ben	efici	ally O	vne	ed			
Date			2. Transac Date (Month/Da	Execution D		ution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr. 3			d Sed Bei Ow	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(1	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Ordinary Shares				02/08/2023				A <sup>(1)</sup>		30,878		Α	\$0	\$0		44,545		D	
Ordinary Shares				02/08/2	3/2023			F <sup>(2)</sup>		12,148		D \$6		48	32,397			D	
		Tal	ole II -				ties Acqu varrants,								nec	t			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)		if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expirat (Month	ion Da		An Se Un De Se	7. Title and Amount of Securities Underlying Derivative Security (li 3 and 4)		8. Price Derivati Security (Instr. 5	rivative curity	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. Represents the vesting of a non-derivative performance restricted share unit award (the "PSU") under the 2019 Equity Incentive Plan, as amended and restated (the "2019 EIP"), that was originally granted on January 4, 2021. The PSU vested at 200% of Target based on the achievement of the Performance Goals (as defined in the 2019 EIP and the PSU agreement) at maximum achievement.

(D)

2. Transaction was a withholding of a portion of vested PSUs to satisfy the reporting person's tax withholding obligations upon vesting, pursuant to the award agreement and the 2019 EIP under which the award was granted.

Date

Exercisable

Expiration

Title

## Remarks:

Jonathan B. Wolens by Power of Attorney

Amount

Shares

\*\* Signature of Reporting Person Date

02/10/2023

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).

Code

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.