## Edgar Filing: Elvig Mark F - Form 4

Elvig Mark F										
Form 4										
June 01, 2011									PPROVAL	
FORM	4 UNITED	STATES					COMMISSION		3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	er <b>STATEN</b> 5. Filed pur <sup>s</sup> Section 17(	F CHAN	Washington, D.C. 20549 CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ction 16(a) of the Securities Exchange Act of 1934, blic Utility Holding Company Act of 1935 or Section the Investment Company Act of 1940					Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <sup>*</sup> Elvig Mark F			2. Issuer Name <b>and</b> 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 ROAD (Street)			<ul> <li>3. Date of Earliest Transaction (Month/Day/Year)</li> <li>05/27/2011</li> <li>4. If Amendment, Date Original Filed(Month/Day/Year)</li> </ul>				Director       10% Owner         X Officer (give title       Other (specify below)         below)       below)         VP, Counsel & Secretary			
							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
HOUSTON,	TX 77040						Form filed by I Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurities Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Execution any		Code	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Shares				Code V	Amount	or (D) Price	(Instr. 3 and 4) 2,503	Ι	401(k) Plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Shares	<u>(1)</u>	05/27/2011	А	10	<u>(1)</u>	<u>(1)</u>	Common Shares	10	<u>(1)</u>

## **Reporting Owners**

Reporting Owner Name / Addres	s		Relationships	
	Director	10% Owner	Officer	Other
Elvig Mark F 6316 WINDFERN ROAD HOUSTON, TX 77040			VP, Counsel & Secretary	
Signatures				
/s/ Mark Elvig	06/01/2011			

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Each phantom share is the economic equivalent of our common share and may be settled only in cash upon the termination of the reporting person's employment. The phantom shares were acquired pursuant to the Core Laboratories LP Deferred Compensation Plan

(1) (the "Deferred Comp Plan") on various dates at various prices per unit. The number of phantom share units shown is based on an allocation of the aggregate number of units acquired by the Trustee under the Deferred Comp Plan for the benefit of the plan participants who elected to make deferrals into the unit fund under the Deferred Comp Plan at approximately the same time (pro rata, based on the dollar amount of each such participant's intra-plan deferral, rounding up or down to the nearest whole share).

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.

\*\*Signature of

Reporting Person