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TRANSOCEAN INC

Form 3

November 29, 2007

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

(Print or Type Responses)

1. Name and Address of Reporting Person *

CASON THOMAS W

(Last)

(First)

Statement

(Month/Day/Year)

11/27/2007

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

TRANSOCEAN INC [RIG]

4. Relationship of Reporting Person(s) to Issuer

X Director

Officer

Filed(Month/Day/Year)

4 GREENWAY PLAZA

(Street)

(Check all applicable)

10% Owner Other (give title below) (specify below)

6. Individual or Joint/Group

5. If Amendment, Date Original

Filing(Check Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One

Reporting Person

HOUSTON, TXÂ 77046

(City) (State)

1. Title of Security

(Instr. 4)

(Zip)

(Middle)

2. Amount of Securities

Beneficially Owned (Instr. 4)

Ownership Form:

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

(Instr. 5)

or Indirect (I) (Instr. 5)

Direct (D)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security 2. Date Exercisable and 3. Title and Amount of 4. 5. 6. Nature of Indirect Ownership (Instr. 4) **Expiration Date** Securities Underlying Conversion Beneficial Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) (Instr. 4) Price of Derivative Derivative Security: Expiration Date Security Direct (D) Exercisable Date Amount or or Indirect Title Number of (I) Shares

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

CASON THOMAS W
4 GREENWAY PLAZA Â X Â Â

HOUSTON, TXÂ 77046

Signatures

Chipman Earle, by power of attorney 11/29/2007

Explanation of Responses:

No securities are beneficially owned

**Signature of Reporting Person

- * If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.

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