

CORE LABORATORIES N V  
Form 3  
May 23, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Å Elvig Mark F		(Month/Day/Year)	CORE LABORATORIES N V [CLB]	
(Last)	(First)	04/01/2008	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
6316 WINDFERN			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	6. Individual or Joint/Group Filing(Check Applicable Line)
HOUSTON, Å TX Å 77040			<input checked="" type="checkbox"/> Officer	<input checked="" type="checkbox"/> Form filed by One Reporting Person
(City)	(State)	(Zip)	(give title below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			(specify below)	
			VP, Counsel & Secretary	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	294	D	Å
Common Shares	26	I	401(k) Plan
Common Shares	79	I	Deferred Compensation Plan

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 (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Restricted Shares	Â (1)	Â (1)	Common Shares	1,000 (1)	\$ 0	D	Â
Restricted Shares	Â (2)	Â (2)	Common Shares	500 (2)	\$ 0	D	Â
Restricted Shares	Â (3)	Â (3)	Common Shares	2,100	\$ 0	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Elvig Mark F 6316 WINDFERN HOUSTON, TX 77040	Â	Â	Â VP, Counsel & Secretary	Â

## Signatures

/s/ Mark Elvig                      05/23/2008  
 \_\_Signature of                      Date  
 Reporting Person

## Explanation of Responses:

- \* 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).
- (1) The Restricted Shares vest in the amount of 1/6th of the grant on each of the six annual anniversaries following the date of 12/01/2006. 1/6th of the original grant has vested and is not included in the number of shares listed on this line.
- (2) The Restricted Shares vest in the amount of 1/6th of the grant on each of the six annual anniversaries following the date of 03/01/2007. 1/6th of the original grant has vested and is not included in the number of shares listed on this line.
- (3) The Restricted Shares vest in the amount of 1/6th of the grant on each of the six annual anniversaries following the date of 04/01/2008.

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.