

SCF II LP  
Form 4  
November 17, 2004

**FORM 4** UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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 \*  
SIMMONS L E

2. Issuer Name and Ticker or Trading Symbol  
OIL STATES INTERNATIONAL  
INC [OIS]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
6600 CHASE TOWER, 600  
TRAVIS  
(Street)

3. Date of Earliest Transaction  
(Month/Day/Year)  
11/15/2004

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
Member of Group

HOUSTON, TX 77002

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	V	Amount or Price					
Common Stock	11/15/2004		J <sup>(1)</sup>		750,000 <sup>(2)</sup>	D	\$ 20.4	11,890,360	I	By SCF-III, L.P. and SCF-IV, L.P. <sup>(3)</sup>
Common Stock	11/15/2004		J <sup>(1)</sup>		4,980	A	\$ 20.4	52,808	D	
Common Stock	11/15/2004		J <sup>(1)</sup>		5,373	A	\$ 20.4	56,863	I	By SCF-II, L.P.
Common Stock	11/15/2004		J <sup>(1)</sup>		2,127	A	\$ 20.4	10,637	I	By SCF-IV, G.P., Limited

Common Stock	11/15/2004	J <sup>(1)</sup>	1,981	A	\$ 20.4	9,905	I	Partnership By SCF-IV 3i, L.P.
Common Stock	11/15/2004	J <sup>(1)</sup>	2,957	A	\$ 20.4	14,787	I	By SCF-IV Management Partners, L.P.

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.**

SEC 1474  
(9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/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 Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Reporting Transaction (Instr. 3)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SIMMONS L E 6600 CHASE TOWER 600 TRAVIS HOUSTON, TX 77002	X			Member of Group
SCF III LP 6600 CHASE TOWER HOUSTON, TX 77002		X		Member of Group
SCF IV LP 600 TRAVIS STE 6600 HOUSTON, TX 77002		X		Member of Group
		X		Member of Group

SCF II LP  
 600 TRAVIS STE 6600  
 C/O SCF PARTNERS  
 HOUSTON, TX 77002

SCF IV GP LTD PARTNERSHIP  
 600 TRAVIS STE 6600 X Member of Group  
 HOUSTON, TX 77002

SIMMONS L E & ASSOCIATES INC  
 600 TRAVIS STE 6600 X Member of Group  
 HOUSTON, TX 77002

## Signatures

L.E. Simmons 11/17/2004  
 \*\*Signature of Date  
 Reporting Person

## Explanation of Responses:

- \* 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).
- (1) Reflects pro rata distribution of common stock of issuer held by SCF-III, L.P. and SCF-IV, L.P. to their partners.
- (2) The distribution of 750,000 shares of the common stock as reported on this Form 4 consists of 537,225 shares distributed by SCF-III, L.P. and 212,775 shares distributed by SCF-IV, L.P.
- (3) The reporting person is sole stockholder and a director of L.E. Simmons & Associates, Incorporated, a Delaware corporation (LESA), which is the sole general partner of SCF-II LP, a Delaware limited partnership (SCF-II), SCF-IV GP Limited Partnership, a Delaware limited partnership (SCF-IV GP), SCF-IV 3i, LP, a Delaware limited partnership (SCFIV 3i) and SCF-IV Management Partners LP, a Delaware limited partnership (SCF-IV MP). Additionally, SCF-II is the sole general partner of SCF-III LP, a Delaware limited partnership (SCF-III) and SCF-IV GP is the sole general partner of SCF-IV LP, a Delaware limited partnership (SCF-IV). Based on the reporting person's affiliation with SCF-III, SCF-IV, SCF-II, SCF-IV GP, SCFIV 3i, SCF-IV MP, and LESA (collectively the "Related Entities"), the reporting person may be deemed to beneficially own all of the shares of common stock of the Issuer beneficially owned or deemed to be beneficially owned by the Related Entities.

### Remarks:

L.E. Simmons is signing for himself, as the designated filer, as well as in his capacity as attorney-in-fact for LESA, SCF-II, SC

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.