Knowlton John Stokes Form 5

January 18, 2011

OMB APPROVAL FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer **Knowlton John Stokes** Symbol Ensco plc [ESV] (Check all applicable) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) (Middle) (Month/Day/Year) Director 10% Owner _ Officer (give title Other (specify X 12/31/2010 below) below) 500 N. AKARD STREET, SUITE Vice President - Engineering 4300 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) DALLAS, TXÂ 75201-3331 _X_ Form Filed by One Reporting Person Form Filed by More than One Reporting (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired (A) 5. Amount 7. Nature of Transaction Indirect Security (Month/Day/Year) Execution Date, if or Disposed of (D) of Securities Ownership (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Beneficial any (Month/Day/Year) (Instr. 8) Owned at Direct (D) Ownership end of or Indirect (Instr. 4) Issuer's (I) Fiscal Year (Instr. 4) (A) (Instr. 3 and or 4) Amount (D) Price Ensco American Savings 157.331 157.331

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

Depositary $12/31/2010_{(1)}$

Shares

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Α

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.

66.78

(2)

(1)

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Α

(1)

SEC 2270 (9-02)

and

Retirement Plans

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
						ъ.	E		or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
					(A) (D)				Shares		

D

Is

Reporting Owners

Reporting Owner Name / Address	Relationships					
•	Director	10% Owner	Officer	Other		
Knowlton John Stokes 500 N. AKARD STREET SUITE 4300 DALLAS, TX 75201-3331	Â	Â	Vice President - Engineering	Â		

Signatures

/s/ John S.
Knowlton

**Signature of Reporting Person

O1/18/2011

Date

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) Amount is representative of Ensco American Depositary Shares acquired, and held indirectly, via the Ensco Savings and Retirement Plans as of December 31, 2010.
- Price of Securities dependent upon trading price applicable on date of future transactions. The average cost/price is representative of all beneficially, indirectly owned securities acquired via normal payroll contributions to the Ensco Savings and Retirement Plans.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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