FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* COSSE STEVEN A						2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP /DE [MUR]									ationship of Reporting Person(s) to le k all applicable) Director 10% (Officer (give title Other				
	peach street D. BOX 7000					3. Date of Earliest Transaction (Month/Day/Year) 02/03/2004									below) Sr. Vice President				Specify
(Street) EL DORADO AR 71731-7000						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																			
			ole I - Nor			_			-	Dis	_				1	-		[
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						5. Amour Securities Beneficia Owned For Reported	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or Pri	ice	Transacti (Instr. 3 a	on(s) nd 4)			,
Common Stock 02/03/					/2004	2004			J		3,500	(1) A		\$0		31,624		D	
Common Stock															6,38	31 ⁽²⁾	I		Trustee of Company Thrift Plan
			Table II -								osed of, converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date, T	ransaction ode (Instr.		ı of		6. Date Ex Expiration (Month/Da	n Date	•	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					
Stock Option ⁽³⁾	\$28.4844								02/01/200	03 (02/01/2010	Commor	20,0	000		20,000	0	D	
Stock Option ⁽³⁾	\$30.83								02/06/200	03 (02/06/2011	Commor Stock	30,0	000		50,000	0	D	
Stock Option ⁽³⁾	\$30.83								02/06/200	04 (02/06/2011	Commor Stock	30,0	000		80,000	0	D	
Stock Option ⁽³⁾	\$38.8525								02/05/200	04 (02/05/2012	Commor	25,0	000		105,00	00	D	
Stock Option ⁽³⁾	\$38.8525								02/05/200	05 (02/05/2012	Commor Stock	25,0	000		130,00	00	D	
Stock Option ⁽³⁾	\$42.34								02/04/200	05 (02/04/2013	Commor Stock	20,0	000		150,00	00	D	
Stock Option ⁽³⁾	\$42.34								02/04/200	06 (02/04/2013	Commor Stock	20,0	000		170,00	00	D	
Stock Option ⁽³⁾	\$60.59	02/03/2004			A		15,000		02/03/200	06	02/03/2011	Commor Stock	15,0	000	\$0	185,00	00	D	
Stock Option ⁽³⁾	\$60.59	02/03/2004			A		15,000		02/03/200	07 (02/03/2011	Commor	15,0	000	\$0	200,00	00	D	

Explanation of Responses:

- 1. Restricted stock issued pursuant to the 1992 Stock Incentive Plan.
- $2.\ Number of shares owned as of December 31, 2003.$
- 3. Employee Stock Option granted under Murphy 1992 Stock Incentive Plan.

Steven A. Cosse'

02/05/2004

** Signature of Reporting Person

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.