FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasinigton,	D.C.	20343	

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Sectio	n 30(h)	of the I	nvestme	ent Co	ompany Act	of 1940									
Name and Address of Reporting Person*     Nolan Jeffrey W						2. Issuer Name <b>and</b> Ticker or Trading Symbol  MURPHY OIL CORP /DE [ MUR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last) 300 PEACH P.O. BOX 70	(Fi		(Middle)			f Earliest 019	t Trans	saction (Month/Day/Year)					Officer (give title C				r (specify				
(Street)		R	71730		- 4. l	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								
(City)	(St	tate) (	(Zip)		-									Person							
		Tab	le I - No	n-Deriv	/ative	Sec	curities	s Acc	quired	, Dis	sposed o	of, or Be	nefic	ially	Owned						
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)		ies Acquired (A) or Of (D) (Instr. 3, 4 and		nd S B O	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount	(A) or (D)	Price	,  т	Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)		(instr. 4)				
Common Sto	ock														254,4	47	Ι				
Common Sto	ock														283,2	52	]		Beneficiary Of Trust		
Common Sto	ock														520		]		By Spouse		
Common Sto	ock														37,75	54	]	]	Self, Trustee For My Children		
Common Sto	ock														11,11	.8	1	I	Shares Held In Trust For My Children For Whom Others Are Trustee		
		Т	able II					•			osed of	•		•	wned						
Security or linstr. 3) Pri	enversion Exercise ice of rivative curity	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	ned n Date,	4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		nber (intive ties red sed 3, 4	6. Date Exercisable and Expiration Date Am (Month/Day/Year) Section Der			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. De Se (In	8. Price of Derivative Security (Instr. 5)  (Instr. 5)  8. Price of Derivative Security Security Owned Following Reporte Transa (Instr. 4)		ive ies Ownershi Form: cially Direct (D) or Indirect (I) (Instr. 4 ed ction(s)		Beneficial Ownership ct (Instr. 4)			
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er							
Phantom Stock	(1)	06/28/2019			A		1,166		(2)	T	(2)	Common Stock	1,16	66	\$24.65	11,40	00 <sup>(3)</sup>	D			
-										_									-		

## **Explanation of Responses:**

- 1. Each share of phantom stock is the economic equivalent of one (1) share of Murphy Oil Corporation common stock.
- 2. The reported shares of phantom stock were acquired under Murphy Oil Corporation's Non-Qualified Deferred Compensation Plan for Non-Employee Directors and become payable, in cash, consistent with the Reporting Person's distribution election made at the time of deferral.
- 3. Includes 103 shares obtained under Murphy Oil Corporation's Non-Qualified Deferred Compensation Plan for Non-Employee Directors. The information in this report is based on a plan statement dated June 28, 2019.

/s/ E. Ted Botner, attorney-in-

07/02/2019

\*\* Signature of Reporting Person

fact

Date

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.