\square

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

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

OMB APPRC	VAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person [*] Nolan Jeffrey W			2. Issuer Name and Ticker or Trading Symbol <u>MURPHY OIL CORP</u> [MUR]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				X	Director	10% Owner			
300 PEACH ST. P.O. BOX 7000		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2019		Officer (give title below)	Other (specify below)			
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing	g (Check Applicable			
(Street)				X	Form filed by One Rep	orting Person			
EL DORADO	AR	71730			Form filed by More that Person	n One Reporting			
(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)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock								254,447	D	
Common Stock								283,252	I	Beneficiary Of Trust
Common Stock								520	I	By Spouse
Common Stock								37,754	I	Self, Trustee For My Children
Common Stock								11,118	I	Shares Held In Trust For My Children For Whom Others Are Trustee

		Т	able II - Deriva (e.g.,					luired, Dis s, options,			-	/ Owned																													
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 Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)																										
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares																														
Phantom Stock	(1)	09/30/2019		A		1,209		(2)	(2)	Common	1,209	\$22.11	12,767 ⁽³⁾	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 158 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 September 30, 2019.

<u>/s/ E.</u>	<u> Ted Botner, attorney-in-</u>	_
fact		

** Signature of Reporting Person

10/01/2019

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.