## 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 k all appl Direct	icable)	ng Person(s) to Is					
(Last) (First) (Middle) 300 PEACH STREET					3. Date of Earliest Transaction (Month/Day/Year) 07/05/2017											Office below	r (give title )		Other (ibelow)	specify				
P.O. BOX 7000					4. 11													6. Individual or Joint/Group Filing (Check Applicable						
(Street)																		Line)  X Form filed by One Reporting Person						
EL DORADO AR 71731-7000						Form filed by More than One Reporting Person															orting			
(City)	(S	tate)	(Zip)																					
		Tab	le I - No	n-Deriv	ative	Se	curiti	es Ac	cquire	d, D	isį	osed	of, o	r Be	nefic	ially	Owne	d						
Date			Date			2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				1 and Securit		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										le V		Amount		(A) or (D)	Pric	е	Transaction(s) (Instr. 3 and 4)				(11150.4)			
Common Stock				07/05/2017		7			A			313		A	\$2	5.29	98	,818		D				
Common Stock			07/05	5/2017				Г			313		D	\$2	5.29	98	3,505		D					
Common Stock																	24,	<b>1,</b> 574 <sup>(1)</sup>		I	Held in Company Thrift Plan			
	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. Deem Executior if any (Month/Da	n Date,	4. Transa Code ( 8)		n of		Expira	6. Date Exercisa Expiration Date (Month/Day/Yeau			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		l Securi	D S (Ii	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable		xpiration ate	Title	O N	Amou or Numb of Share	er								
Phantom Stock Unit	(2)	07/05/2017			M	М		313	(3			(3)	Common Stock 31		313		\$0	289 <sup>(4)</sup>		D				

## **Explanation of Responses:**

- 1. Balance includes 458 shares obtained through the Company Thrift Plan. The information in this report is based on a statement dated July 5, 2017.
- 2. Each phantom stock unit is the economic equivalent of one (1) share of Murphy Oil Corporation common stock.
- 3. The reported phantom stock units were acquired under Murphy Oil Corporation's excess benefit plan and are to be settled in cash upon the reporting person's retirement or other termination of service. The reporting person may transfer the value of his phantom stock units into an alternative investment account at any time prior to settlement.
- 4. Balance includes 11 shares obtained through the Murphy Oil Corporation Excess Benefit Plan. The information in this report is based on a statement dated July 5, 2017.

/s/ E. Ted Botner, attorney-in-07/06/2017 <u>fact</u>

\*\* Signature of Reporting Person

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.