FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* THEUS CAROLINE G | | | | | | 2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP /DE [MUR] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify)) | | | | |
|--|---|--|--|--|---|---|--------|--|------------------------------------|--------|----------------------|--|--|--|---|--------------------------------|--|---|
| | (Last) (First) (Middle) 300 PEACH STREET P.O. BOX 7000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2017 | | | | | | | | Office below | | e | Othe below | r (specify v) |
| (Street) EL DORADO AR 71731-7000 | | | - 4. l | 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) | (S | | (Zip) | n Dori | rotive | . 500 | uritio | | auirad | Dia | anacad c | of or D | noficia | ally Owner | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | ction | ion 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In 5) | | | es Acquire | d (A) or | 5. Amount of Securities Beneficially Owned Follo | | Form: Direction (D) or Indirection | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | | | | | | | | | | 398,8 | 398,847 | |) | | | |
| Common Stock | | | | | | | | | | | | | 537,2 | 537,252 | | | Beneficiary Of Trusts | |
| Common Stock | | | | | | | | | | | | 15,2 | 39 |] | [] | Jointly With Spouse | | |
| Common Stock | | | | | | | | | | | | 6,68 | 6,684 | | [| Self, Trustee For My Son | | |
| | | Т | able II | | | | | | | | osed of, converti | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Executio if any (Month/E | n Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amount 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(s (Instr. 4) | | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ect (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amoun or Numbe of Shares | | | | | |
| Restricted Stock Unit ⁽¹⁾ | (2) | 02/01/2017 | | | A | 6,935 | | (2)(3) | | (2)(3) | Common Stock | 6,935 | \$0 | 22,446 | | D | | |

Explanation of Responses:

- 1. Award granted under the 2013 Stock Plan for Non-Employee Directors.
- 2. These Securities generally do not carry a Conversion Price, Exercisable Date, or Expiration Date.
- 3. Vest date is February 1, 2020.

** 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.