SEC Form 5

FORM 5

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

Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL

| OMB Number: | 3235-0362 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 1.0 | | | | | | | | |

| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | |
|--|-----------------------|------------|---|---|-----------------------------------|-----------------------|--|--|--|--|
| | ss of Reporting Perso | n* | 2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP / DE [MUR] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| THEUS CAROLINE G | | | | X | Director | 10% Owner | | | | |
| (Last) (First) (Middle) 200 PEACH STREET P.O. BOX 7000 | | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014 | | Officer (give title below) | Other (specify below) | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | X | Form filed by One Repo | rting Person | | | | |
| EL DORADO | AR | 71731-7000 | | | Form filed by More than Person | 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) | 4. Securities Ac Of (D) (Instr. 3, 4 | quired (A) 4 and 5) | or Disposed | 5. Amount of Securities Beneficially Owned at end of | 6. Ownership Form: Direct (D) or | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|------------------------|-------------------|---|---|---|
| | | (MOIIII/Day/rear) | | Amount | (A) or (D) | Price | Issuer's Fiscal Year (Instr. 3 and 4) | Indirect (I) (Instr. 4) | |
| Common Stock | 01/07/2014 | | G | 222 | A | \$ <mark>0</mark> | 302,038 | D | |
| Common Stock | 12/19/2014 | | G | 1,760 | D | \$ <mark>0</mark> | 302,038 | D | |
| Common Stock | | | | | | | 537,252 | I | Beneficiary Of Trusts |
| Common Stock | | | | | | | 10,500 | I | By Spouse |
| Common Stock | | | | | | | 613,186 | I | Co-trustee & Principal Beneficiary Of Family Trust |
| Common Stock | | | | | | | 18,000 | I | Jointly With Spouse |
| Common Stock | | | | | | | 6,684 | I | Self, Trustee For My Son |

(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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | nd 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) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|---|-----|-----|--|--------------------|--|--|---|--|--|--|
| | | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

<u>fact</u>

** Signature of Reporting Person Date

01/29/2015

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.