Instruction 1(b)

### FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Vashington, D.C. 20549	
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# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average bu	rden							
hours per response:	1.0							

Form 3	3 Holdings Rep	orted.																	
Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company Ac										
Name and Address of Reporting Person*     Wood David M.					2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP /DE [ MUR ]							S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last) (First) (Middle) 200 PEACH STREET P.O. BOX 7000					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009								X Officer (give title below)  President & CEO						
(Street) EL DORADO AR 71731-7000 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicab Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person							erson							
			e I - Non-Deriv	vative Sec	curitie	s A	cquire	ed, D	isposed	of, or I	Benefic	iall	y Owne	d					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		2A. Deemed Execution I if any	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			sed 5. Amount Securities Beneficial		t of 6. Owne		Direct	7. Nature of Indirect Beneficial Ownership				
				(MONIN/Day	(Month/Day/Year)		8)		unt	(A) or (D) Price			Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		(Instr. 4)		
Common	Stock		12/31/2009			J	<b>J</b> (1)		17	A \$0			6,4	6,488 D					
Common Stock 12		12/31/2009		J(2)		<b>J</b> (2)	:	1,086	D	\$0		1,259			I	Trustee of Company Thrift Plan			
		Т	able II - Deriva (e.g., p	itive Secu outs, calls									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. Nun of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	itive ities red sed 3, 4	Expira	tion Date Ame n/Day/Year) Sec Und Deri		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		ty	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	re es ally g d	10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ect (Instr. 4)		
					(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er							
Phantom	\$0 <sup>(3)</sup>	12/31/2009		J	2,170	(4)		(4) (4)		) (4) C		Commo	n 2,170		\$ <del>0</del>	6.506		D	

#### **Explanation of Responses:**

- 1. Shares obtained through Company Employee Stock Purchase Plan.
- 2. Economic benefit of non-transferable option transferred pursuant to domestic relations order.
- 3. Each phantom stock unit is the economic equivalent of one (1) share of Murphy Oil Corporation common stock.
- 4. The reported phantom stock units were acquired under Murphy Oil Corporation's excess benefit plan and are to be settled 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 acount at any time prior to settlement.

### Remarks:

Stock Unit

/s/ Walter K. Compton, 02/03/2010 Attorney-in-Fact

\*\* 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.