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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPROVAL							
	OMB Number:	3235-0362						
	Estimated average b	ourden						
- 1	l	1.0						

Form 3	B Holdings Rep	oorted.											lion	irs per re	esponse.	1.0				
Form 4	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]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) (Middle) 200 PEACH STREET P.O. BOX 7000					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008							X Officer (give title below) Other (specify below) Executive Vice President								
(Street) EL DORADO AR 71731-7000 (City) (State) (Zip)				4. If Amer	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								
(Oity)	(0			vative Sec	ruritie		cauire	-d D	isnosed	of or i	Reneficia	ally Owne	d							
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		ed, Disposed of, or Benefic 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				5. Amour Securitie Beneficia Owned a	nt of 6. s Owne		rship Direct	7. Nature of Indirect Beneficial Ownership						
			(wonding buy	(Monthibay/Tear)		5,		unt	(A) or (D)	Price	Issuer's I	Issuer's Fiscal In Year (Instr. 3 and (In			(Instr. 4)					
Common	Stock		12/31/2008				J (1)		12	A	\$0	29,	873	1	D					
Common	Stock		12/31/2008		J ⁽²⁾ 71 A \$0 2,345 I		I	Trustee of Company Thrift Plan												
		Т	able II - Deriva (e.g., p	itive Secu outs, calls								y 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)	tive ities red sed 3, 4	Expiration Da (Month/Day/Yo				and t of les ring ve Security and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersl Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)				
									(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
Phantom	\$0 ⁽³⁾	12/31/2008		J	1,045		(4))	(4)	Commo	n 1,045	\$0	\$0 4.336		D					

Explanation of Responses:

- 1. Shares obtained through Company Employee Stock Purchase Plan.
- 2. Shares obtained through Company Thrift Plan.
- 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, 02/04/2009 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.