FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					_		()														
Name and Address of Reporting Person* Nolan Jeffrey W					2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP [MUR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
														χ	Directo	10% Ow					
(Last) (First) (Middle) 9805 KATY FREEWAY						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2020									Officer (give title Other (specify below) below)						
G-200													_								
,					4. If	f Amen	idment,	Date (of Origina	al File	d (Month/D	ay/Year)		6. Inc	dividual or J)	oint/Gro	oup Filino	g (Check	Applicable		
(Street)														X	Form fi	led by C	one Repo	orting Pe	rson		
HOUSTO	ON T	X '	77024												Form fi Person		More than	n One Re	porting		
(City)	(Si	tate)	(Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
D		2. Transaction Date (Month/Day/Yea		Execution Date,		Oate,	Transaction Dis Code (Instr. 5)		Disposed (Securities Acquired (A) or isposed Of (D) (Instr. 3, 4 and			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code V		Amount	(A) or (D) Price		:	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common	Stock														262,2	22	Г				
Common	Stock														283,2	52]		Beneficiary Of Trust		
Common	on Stock													520]		By Spouse			
Common	Stock														37,75	54	1		Self, Trustee For My Children		
Common Stock													11,11	.8	1	I	Shares Held In Trust For My Children For Whom Others Are Trustee				
		Ţ	able II	- Derivat	tive	Secu	rities	Acq	uired,	Disp	osed of	or Ben	eficia	ally	Owned						
				(e.g., p	uts,	calls	, warr	ants	, optic	ns,	converti	ble secu	ıritie	s)							
Security or Exercise (Month/Day/Year) if any		Transa	ransaction Code (Instr.		of		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ity	(Instr		ive ies cially ing ed ction(s)	10. Ownersi Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er							
Phantom Stock	(1)	09/30/2020			A		2,232		(2)		(2)	Common Stock	2,23	32	\$8.92	22,8	77 ⁽³⁾	D			

Explanation of Responses:

- 1. Each share of phantom stock is the economic equivalent of one (1) share of Murphy Oil Corporation common stock.
- 2. The reported shares of phantom stock were acquired under Murphy Oil Corporation's Non-Qualified Deferred Compensation Plan for Non-Employee Directors and become payable, in cash, consistent with the Reporting Person's distribution election made at the time of deferral.
- 3. Includes 185 shares obtained under Murphy Oil Corporation's Non-Qualified Deferred Compensation Plan for Non-Employee Directors. The information in this report is based on a plan statement dated September 30, 2020.

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

fact

10/01/2020

** Signature of Reporting Person

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.