FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							
Estimated average burden								

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 or Section 30(h) of the Investment Company Act of 1940

37 hours per response: 0.5

1. Name and Address of Reporting Person*  MURPHY ROBERT MADISON					2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP /DE [ MUR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
	Last) (First) (Middle) 00 PEACH STREET 2.0. BOX 7000					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2009									Officer (give title Other (specify below) below)					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
EL DORADO AR 71731-7000															Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)			and Securities 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)	Pric	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock			06/30/2	9		J <sup>(1)</sup>		114,890	A		\$ <mark>0</mark>	1,380,600		I		Beneficiary of Trusts				
Common Stock			06/30/2	9		J <sup>(1)</sup>		1,174	A		\$ <mark>0</mark>	233,881		I		By Spouse				
Common Stock			06/30/2			J <sup>(1)</sup>		393,137	A		\$ <mark>0</mark>	2,851,257		I		Co-Trustee of Family Trusts				
Common	Common Stock			06/30/2			J <sup>(1)</sup>		102,314	A	,	\$ <mark>0</mark>	452,704		I		Limited Partnership			
Common	Stock														478,893 D					
Common	Stock													10,712 I			I	Trustee for Murphy Thrift Plan		
Common	Stock														144	144,000 I my			Trustee for my children	
		Та	ble II -								osed of, c				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if an		med on Date, Day/Year)		4. Transaction Code (Instr.		5. Number n of		Exerciion Da /Day/\		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		. 3	B. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Number of Shares	ımber						

## **Explanation of Responses:**

1. This report is being filed to report an increase in the reporting person's indirect pecuniary interest in the shares of the issuer held in a family limited partnership, as well as in certain trusts of which the reporting person is a co-trustee and beneficiary, resulting from certain transfers of issuer shares, including the distribution of shares from the family limited partnership in redemption of the interest of a limited partner thereof and subsequent contribution of such shares by such limited partner to the aforementioned trusts.

## Remarks:

/s/ Walter K. Compton, Attorney-in-Fact

07/01/2009

\*\* 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.