FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* COSSE STEVEN A					2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP /DE [MUR]										elationship ck all appli Directo	•		son(s) to Iss		
(Last) (First) (Middle) 300 PEACH STREET						of Earliest 2016	t Tran	saction	n (Mor	nth/D	ay/Year)		Officer below)	(give title		Other (s	specify			
P.O. BOX 7000 (Street) EL DORADO AR 71731-7000			00	4. If	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 Form filed by More than One Reporting Person					
(City)	(State)	(Zip)																	
		Tab	le I - Nor	า-Deriva	ative	Se	curities	s Ac	quir	ed, D	isp	osed c	of, or E	ene	ficiall	y Owne	t			
Date			2. Transa Date (Month/D		Execution D		ution Date,		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amou Securitie Beneficia Owned F Reported	es ally Following	Form:	n: Direct Ir or Indirect B nstr. 4) O	7. Nature of ndirect Beneficial Ownership	
									Co	Code V		Amount	(A) (D)	or Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock														84,422			D		
Common Stock															22,954 ⁽¹⁾			I ,	Held in Company Fhrift Plan	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, T	4. Transactioi Code (Instr 8)			6. Date Exercisa Expiration Date (Month/Day/Year			Amount of		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)		Date Exerc	isable		xpiration ate	Title	or Nu of	lumber					
Restricted Stock Unit ⁽²⁾	(3)	02/03/2016			A		7,789		(3)	(4)		(3)(4)	Commo Stock	7	7,789	\$0	15,511	1	D	
Phantom Stock Unit	(5)								(5)	Γ	(6)	Commo Stock	1 8	42 ⁽⁷⁾		842 ⁽⁷⁾		D	

Explanation of Responses:

- 1. Includes 156 shares obtained through the Company Thrift Plan. The information in this report is based on a plan statement dated December 31, 2015.
- 2. Award granted under the 2013 Stock Plan for Non-Employee Directors.
- 3. These Securities generally do not carry a Conversion Price, Exercisable Date, or Expiration Date
- 4. Vest date is February 3, 2019.
- 5. Each phantom stock unit is the economic equivalent of one (1) share of Murphy Oil Corporation common stock.

6. 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 account at any time prior to settlement

7. Includes 10 shares obtained under the Murphy Oil Corporation's excess benefit plan. The information in this report is based on a plan statement dated December 31, 2015.

/s/ E. Ted Botner, attorney-in-02/04/2016 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.