Edgar Filing: MURPHY OIL CORP /DE - Form 4

MURPHY O Form 4 October 03, 2	IL CORP /DI 2016	Ξ									
FORM	14									PPROVAL	
	UNIII	ED STATE		ITIES Al hington,]			IGE (COMMISSION	OMB Number:	3235-0287	
Check thi	or								Expires:	January 31,	
if no longer subject to STATEMENT OF			F CHAN	CHANGES IN BENEFICIAL OW				NERSHIP OF	Estimated a	2005 average	
Section 1				SECURI	ITIES				burden hou	0	
Form 4 or Form 5			G 14		a	F			response	0.5	
obligation may conti <i>See</i> Instru 1(b).	inue. Section	17(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Schmale Neal E			2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP /DE [MUR]					5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of			3. Date of	Date of Earliest Transaction				(Check all applicable)			
			(Month/Da					X Director	10%	6 Owner	
300 PEACH 7000	STREET, P.	O. BOX	09/30/20)16				Officer (give below)	titleOthe	er (specify	
				. If Amendment, Date Original ïled(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
EL DORAD	O, AR 71731	-7000						Form filed by M Person	Iore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurit	ies Aco	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed ion Date, if /Day/Year)	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5 (A) or)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock								51,553	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2. Comming	3. Transaction Date		4. Tarana ati	5. Number			7. Title and A		
Derivative Security	Conversion or Exercise	(Month/Day/Year)	any	Transactio Code	Derivative	Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		Derivativ Security
(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	09/30/2016		А	958	(2)	(2)	Common Stock	958	\$ 30.4

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Reporting Owners

Reporting Owner Name / Address	Relationships						
hepoting of the rante (radiess	Director	10% Owner	Officer	Other			
Schmale Neal E 300 PEACH STREET P.O. BOX 7000 EL DORADO, AR 71731-7000	Х						
Signatures							
/s/ E. Ted Botner, attorney-in-fact	10	/03/2016					
<u>**</u> Signature of Reporting Person		Date					

**Signature of Reporting Person

Explanation of Responses:

- 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).
- (1) Each share of phantom stock is the economic equivalent of one (1) share of Murphy Oil Corporation common stock.
- The reported shares of phantom stock were acquired under Murphy Oil Corporation's Non-Qualified Deferred Compensation Plan for (2) Non-Employee Directors and become payable, in cash, consistent with the Reporting Person's distribution election made at the time of deferral.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.