Edgar Filing: COSSE STEVEN A - Form 4

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| Form 4 | VENA | | | | | | | | | | | |
|--|-----------------------------------|---|---------------------------------|--|--|------------|--|--|--|-------------------------------|--|--|
| March 19, 20 | 12 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION | | | | | | | | | | OMB APPROVAL | | |
| Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. Statement of change Statement of change Filed pursuant to Section 16(a) Section 17(a) of the Public Utility | | | | | ES IN BENEFICIAL OWNERSHIP OF ECURITIES a) of the Securities Exchange Act of 1934, ity Holding Company Act of 1935 or Section stment Company Act of 1940 | | | | | | January 31 Expires: 2009 Estimated average burden hours per response 0.9 | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| COSSE STEVEN A Sym | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol MURPHY OIL CORP /DE [MUR] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (I | | 3. Date of Earliest Transaction | | | | | | | | | |
| | | | (Month/Day/Year) 03/16/2012 | | | | | | XDirector10% Owner Officer (give titleOther (specify below)below) | | | |
| | (Street) 4. If Amer Filed(Mont | | | | | e Original | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| EL DORADO, AR 71731-7000 | | | | Person | | | | | | ed by More than One Reporting | | |
| (City) | (State) | (Zip) | Table | e I - No | n-De | erivative | Securi | ties Ac | quired, Disposed (| of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year) | | Date, if TransactionAcquired (A) or Code Disposed of (D) | | | |) | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock | 03/16/2012 | | | G | V | 100 | D | \$0 | 63,735 | D | | |
| Common Stock | | | | | | | | | 10,962 | Ι | Trustee Of Company Thrift Plan | |

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.

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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. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| COSSE STEVEN A 200 PEACH STREET P.O. BOX 7000 EL DORADO, AR 71731-7000 | Х | | | | | | | |
| Signatures | | | | | | | | |
| /s/ John A. Moore, attorney-in-fact | 0 | 3/19/2012 | | | | | | |
| **Signature of Reporting Person | | Date | | | | | | |
| Explanation of Responses: | | | | | | | | |

pianalion or nesponses.

* 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. 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.