West Malynda K Form 4 September 10, 2018

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

Murphy USA Inc. [MUSA]	1. Name and Address of I West Malynda K		. Issuer Name <b>and</b> Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer
(Last) (First) (Middle) 3. Date of Earliest Transaction	(Last) (First)			(Check all applicable)
			•	$ \underline{X} Officer (give title                                 $
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Classified) Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person	(Street	,	, e	**
EL DORADO, AR 71730 — Form filed by More than One Reporting Person	EL DORADO, AR 7	1730		Form filed by More than One Reporting Person

(City)	(State)	(Zip) Tabl	e I - Non-D	<b>Derivative</b>	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose	ed of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	09/06/2018		M	5,648 (1)	A	\$ 0	43,526	D	
Common Stock	09/06/2018		F	2,613 (2)	D	\$ 83.58	40,913	D	
Common Stock							567	I	401(k) Plan

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

### Edgar Filing: West Malynda K - Form 4

#### number.

# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pr Deri Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Unit	<u>(4)</u>	09/06/2018		M	5,648	<u>(4)</u>	<u>(4)</u>	Common Stock	5,648	9

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

West Malynda K 200 PEACH STREET EL DORADO, AR 71730

EVP, CFO & Treasurer

## **Signatures**

/s/ Gregory L. Smith, attorney-in-fact

09/10/2018

\*\*Signature of Reporting Person

Date

# **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).
- Represents pension restoration time-based Restricted Stock Units (RSUs) that have vested and settled in shares of the Company's stock on a one-for-one basis pursuant to the terms of the grant awarded under the 2013 Long-term Incentive Plan. The remaining pension restoration RSUs will vest on the ten-year anniversary of the grant date.
- (2) Shares withheld for taxes on RSU vesting.
- (3) Time based restricted stock award granted under the 2013 Long-term Incentive Plan.
- (4) These Securities generally do not carry a Conversion Price, Exercisable Date, or Expiration Date.

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.

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