FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| STATEMENT OF CHANGES IN | RENEEICIAL | OWNERSHIP |
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| OMB APPROVAL | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |
| 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

| Name and Address of Reporting Person* McRaven William H. | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | | | ationship k all appli Directo | cable) | g Pers | son(s) to Iss | | | |
|---|---|--|---|--|---|---|--|------|--|-------------|--|--|--|----------------------|---|---|-------------------|--|--|
| (Last) 16930 PA | (Fi | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2022 | | | | | | | Officer below) | (give title | | Other (s below) | specify | | |
| (Street) HOUST(| | | 77084 Zip) | | 4. If | Ame | ndment, | Date | of Original I | Filed | (Month/D | ay/Year) | | . Indir ine) X | Form f | iled by One | Repo | g (Check Ap orting Perso n One Repo | n |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | | 5. Amou Securitie Benefici Owned I Reporte | es For ally (D) Following (I) (| | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | t (A) or Pr | | е | Transac (Instr. 3 | ction(s) | | | (111341.4) | | |
| 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. Deemec Execution E if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of Securities Underlying Derivative S (Instr. 3 and | | f g s Security nd 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i F ly C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amount or Number of Shares | er | | | | | |
| Stock Units | (1) | 01/15/2022 | | | A | | 2,578 | | (2) | | (2) | Common Stock | 2,57 | 3 | \$85.37 | 14,794.851 | 13 ⁽³⁾ | D | |

Explanation of Responses:

- 1. The stock units convert to ConocoPhillips common stock on a 1-for-1 basis.
- 2. The reporting person has elected to receive payment in three annual installments beginning six months following separation from service, which election may be changed by the reporting person to provide for an alternative schedule of deferred payments.
- $3. \ Includes \ units \ acquired \ through \ routine \ dividend \ transactions \ that \ are \ exempt \ under \ rule \ 16a-11.$

Remarks:

Shannon B. Kinney, Attorney in Fact (by Power of Attorney filed with the Commission on

01/19/2022

October 5, 2018)

** 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.