## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|             |      |       |

| Check this box if no longer subject to<br>Section 16. Form 4 or Form 5<br>obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP                           |
|---|--|
| Instruction 1(b).   | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*            |   |  |  |                              |  | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [ COP ] |  |         |              |                                       |        |                 |   |          |  | neck all  |                            | icable)  | g Pei            | rson(s) to Iss<br>10% Ov   |  |
|---|---|--|--|------------------------------|--|--|--|---------|--------------|---------------------------------------|--------|-----------------|---|----------|--|---|----------------------------|--|------------------|--|--|
| (Last)  | `   | irst)                                      | (Middle)                                       |                              |  | 3. Date of Earliest Transaction (Month/Day/Year) 09/28/2018        |  |         |              |                                       |        |                 |   |          |  |   | Officer (give title below) |  |                  | Other (s   | specify  |
| (Street) HOUSTON TX 77079 (City) (State) (Zip)      |   |  |  | 4. 11                        | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |  |         |              |                                       |        |                 |   |          | Individual or Joint/Group Filing (Check Applicable lee)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                            |  |                  | on   |  |
|   |   | Tab  | le I - Nor                                     | -Deriv                       | ative  | e Se   | curiti                                     | es A    | cqu          | ired, C                               | Disp   | osed            | of, or E  | Bene     | eficia   | lly Ov  | ne                         | d  |                  |  |  |
| Date  |   |  |  | 2. Trans<br>Date<br>(Month/I |  | ar) i  | 2A. Dee<br>Execution<br>if any<br>(Month/I | on Date | Code (Instr. |                                       |        |                 |   |          | d Sed<br>Bed<br>Ow   | Amount of ecurities eneficially wned Following      |                            | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |  |
|   |   |  |  |                              |  |  |  |         | Code         | v                                     | Amount | (A)             | ) or<br>)   | Price    |  |   | etion(s)<br>and 4)         |  |                  | (Instr. 4)   |  |
|   |   | Т  | able II - I<br>(                               |                              |  |  |  |         |              |                                       |        |                 | , or Be   |          |  | Own   | ed                         |  |                  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date,                        | I.<br>Fransaction<br>Code (Instr.<br>3)                  |  | ı of                                       |         | Exp          | Date Exer<br>Diration D<br>Donth/Day/ | ate    |                 | le and Amount of Securities Underlying Derivative (Instr. 3 and |          |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | ive<br>y                   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly C             | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |  | -                            | Code   | v  | (A)  | (D)     | Date<br>Exe  | e<br>ercisable                        |        | piration<br>ate | Title   | Or<br>No | umber  |   |                            |  |                  |  |  |
| Stock   | (1)   | 09/28/2018                                 |  |                              | Α  |  | 158  |         |              | (2)                                   | Γ      | (2)             | Common  | 1        | 158  | \$78  |                            | 22,905.085   | 1 <sup>(3)</sup> | D  |  |

## **Explanation of Responses:**

- 1. The stock units convert to Conoco Phillips common stock on a 1-for-1 basis.
- 2. The reporting person has elected to receive payment as a lump sum six months following separation from service, which election may be changed by the reporting person to provide for deferred payments.
- 3. Includes units acquired through routine dividend transactions that are exempt under rule 16a-11.

## Remarks:

See attached footnotes page.

Shannon B. Kinney, Attorney in Fact (by Power of Attorney filed with the Commission on August 2, 2017)

10/01/2018

\*\* 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.