FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number	3235-0287								
Estimated ave	rage burden								
hours per resp	oonse: 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* Schwarz Glenda Mae (Last) (First) (Middle) 600 NORTH DAIRY ASHFORD				2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] 3. Date of Earliest Transaction (Month/Day/Year) 04/04/2012								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) VP & Controller						
(Street) HOUST(77079 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)				2A. Deemed Execution Date,			3. Transac Code (II 8)	tion	4. Secur	ities Acqui	red (A) or str. 3, 4 an	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 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. Deemed Execution Da if any (Month/Day/\)	ate, Ti	4. Transaction Code (Instr. 8)		n of		6. Date Exe Expiration I (Month/Day		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				С	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Units	(1)	04/04/2012			A		8,492		(2)		(3)	Common Stock	8,492	\$0	28,328		D	
Stock Units	(1)	04/04/2012			A		3,160		(2)		(3)	Common Stock	3,160	\$0	31,488		D	

Explanation of Responses:

- 1. The stock units convert to ConocoPhillips common stock on a 1-for-1 basis.
- 2. The stock units will be forfeited if the reporting person separates from services prior to the end of an escrow period ending on the earliest to occur of the following: (a) termination of employment as a result of layoff; (b) termination of employment after attainment of age 55 with five years of service; (c) termination of employment due to death or total disability; or (d) termination of employment following a change of control. During the escrow period, the reporting person may not dispose of the stock units. The stock units will convert to common stock on the later of (a) the end of the escrow period or (b) the earlier of (i) death or (ii) six months after separation from service in which case the stock units will convert to common stock. The reporting person may also defer conversion of stock units until a later date.
- 3. The stock units do not have an expiration date.

Nathan P. Murphy (by Power of Attorney filed with the 04/05/2012 Commission on April 9, 2009)

** 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.