FORM 4

Check this box if no longer subject Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| | |

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* GATES STEPHEN F | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | | | | eck all ap Dire | tionship of Reportir all applicable) Director | | 10% O | wner |
|---|---|--|--|--------|---|--|--|-------|-------------|-----------------------------------|-----------|--|---|----------|---------|---|---|--|---|---|
| (Last) | .ast) (First) (Middle) 00 N. DAIRY ASHFORD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2007 | | | | | | | | | | | Officer (give title below) Senior Vice | | Other (specify below) President | |
| | Street) HOUSTON TX 77079 | | | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Lin | ndividual or Joint/Group Filing (Check Applicable a) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | (Zip) le I - Non | -Deriv | ative | e Se | curitie | es Ac | cqui | ired, C | — Disi | osed (| of, or B | ene | eficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year | | e, 3 | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | (A) or | 5. Am Secur Benet Owne | ount of ities icially d Following | Fori | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | [| Code | v | Amount | Amount (A) or (D) | | Price | | ted action(s) 3 and 4) | | | (Instr. 4) |
| | | Т | able II - I (| | | | | | | - | - | | , or Bei ble sec | | - | Owne | i | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. B) | | | | Expi | ate Exer iration D nth/Day/ | ate | | le and 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 au | | | 8. Price of Derivative Security (Instr. 5) | | ve es ally ng d tion(s) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | | opiration | Title | or No | umber | | | | | |
| Phantom | (1) | 06/15/2007 | | | A | | 3.97 | | | (2) | | (2) | Common | | 3.97 | \$80.5307 | 2,932. | 56 ⁽³⁾ | D | |

Explanation of Responses:

- $1. \ The \ shares \ of \ phantom \ stock \ convert \ to \ ConocoPhillips \ common \ stock \ on \ a \ 1-for-1 \ basis.$
- 2. The shares of phantom stock were acquired under a Defined Contribution Makeup Plan providing for settlement upon termination of employment, subject to possible deferred payment in certain circumstances. The reporting of this transaction is not an acknowledgment that it is not an exempt transaction under an Excess Benefit Plan pursuant to Rule 16b-3(c).
- $3. \ Includes \ units \ acquired \ through \ routine \ dividend \ transactions \ that \ are \ exempt \ under \ Rule \ 16a-11.$

Remarks:

Nathan P. Murphy, Attorneyin-Fact (Power of Attorney filed with the Commission on

06/19/2007

01/22/07)

** 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.