| SEC Form 4 | |
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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 Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | JVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burd | en |
| hours per response: | 0.5 |

| 1. Nume and Address of Reporting Leson | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|-------------------------|----------|---|-------------------|--|-----------------------|--|--|--|
| | | | [] | X | Director | 10% Owner | | | |
| (Last) 600 NORTH E | (First) DAIRY ASHFOR | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2012 | | Officer (give title below) | Other (specify below) | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | ividual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | ТХ | 77079 | | X | Form filed by One Re | eporting Person | | | |
| | | //0/5 | | | Form filed by More th Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | 1 013011 | | | | |
| | | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | ction | 4. Securities A Disposed Of (5) | | | 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) |
|---------------------------------|--|---|------------------------------|-------|--|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |

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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Units | (1) | 01/15/2012 | | Α | | 2,413 | | (2) | (2) | Common Stock | 2,413 | \$70.47 | 2,413 | D | |

Explanation of Responses:

1. The stock units convert to ConocoPhillps 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 an alternative schedule of deferred payments.

Nathan P. Murphy, Attorney in

 Fact (by Power of Attorney filed with the Commission January 19, 2011)
 01

01/18/2012

** 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.