FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average t | ourden | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(h) |

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* Norvik Harald J | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | | | ationship k all appl Direct | , | | | |
|--|--|--|--|-------|--|---|-----|---|---|----------------|--|-----------------|---------------------------------------|-----------------|--|--|---|--|--|
| (Last) (First) (Middle) 600 NORTH DAIRY ASHFORD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2018 | | | | | | | | | Office below | r (give title) | | Other (: below) | specify |
| (Street) HOUSTON TX 77079 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | · · | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action Day/Yea | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transa Code (8) | ction nstr. | 4. Securities Acquired Disposed Of (D) (Instr. 5) Amount (A) or (D) | | red (A) o | or and ce | 5. Amou Securiti Benefic Owned Reporte Transac (Instr. 3 | unt of es ially Following ed etion(s) | 6. Owner Form: Di (D) or Ind (I) (Instr. | rect lirect 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. Deeme Execution if any (Month/Day | Date, | | ransaction Code (Instr. | | mber rative rities ired r osed) : 3, 4 | 6. Date Exe Expiration (Month/Day | Date | Amount Securitie Underlyi Derivativ | | unt of rities | | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow For Dire or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amour or Number of Shares | er | | | | | |
| Stock Units | (1) | 11/30/2018 | | | A | | 211 | | (2) | | (2) | Common Stock | 211 | 4 | 666.185 | 76,805.5986 | 5(3) | D | |

Explanation of Responses:

- 1. The stock units convert to Conoco Phillips common stock on a 1-for-1 basis.
- 2. The reporting person is to receive payment as a lump sum six months following separation from service.
- ${\it 3. Includes units acquired through routine dividend transactions that are exempt under rule 16 a-11.}$

Remarks:

See attached footnotes page.

Shannon B. Kinney, Attorney
in Fact (by Power of Attorney 12/03/2018
filed on August 2, 2017)

** 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.