FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |

0.5

Estimated average burden

hours per response:

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

| Instruct | ion 1(b). | | | Filed | | to Section 16(ion 30(h) of the | | | | | | | 34 | | <u> </u> | | | | |
|---|--|---------|-----------------|--|--|---|------|-------|---|------|---|--|---|---|--|--|------------|--|--|
| 1. Name and Address of Reporting Person* MCGRAW HAROLD III | | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| WCGRAW HAROLD III | | | | | | | | | | | | | X Direc | tor | | 10% Ov | wner | | |
| (Last) | (Last) (First) (Middle) 500 NORTH DAIRY ASHFORD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2007 | | | | | | | | Offic belov | er (give title v) | | Other (s below) | specify | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) HOUSTO | ON T | X : | 77079 | | | | | | | | | Line | X Forn | Form filed by One Reporting Pe Form filed by More than One R Person | | | | | |
| (City) | (Si | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative Se | curities A | cqui | ired, | Disp | osed | of, o | r Ben | eficial | ly Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ay/Year) | e, | 3. Transa Code (I 8) | | | Acquired D) (Instr. | | Securi Benefi Owned | Amount of curities eneficially whed Following | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | t | (A) or (D) Pri | | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| | | Т | | | | urities Acq s, warrants | | | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | le of 2. 3. Transaction 3A. Deemed 4 rative Conversion Date Execution Date, 1 rity or Exercise (Month/Day/Year) if any | | 5. Number of Ex | | | Date Exercisable and xpiration Date fonth/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Security Security Governor Follow | | y C | Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Units

(1)

Explanation of Responses: 1. 1-for-1

Stock

2. The reporting person has elected to receive payment as a lump sum upon his termination of service, which election may be changed by the reporting person to provide for deferred payments.

Date

Exercisable

(2)

(A) or Disposed of (D) (Instr. 3, 4 and 5)

(A) (D)

120

Remarks:

Nathan P. Murphy, Attorneyin-Fact (Power of Attorney filed with the Commission on 08/29/2006)

Amount Number

Shares

120

Expiration

(2)

Date

Title

Commor

Stock

\$69.94

Reported Transaction(s) (Instr. 4)

6.452

D

05/02/2007

** Signature of Reporting Person

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).

04/30/2007

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code ٧

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.