FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* LUNDQUIST ANDREW D | | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | (Check | all applicab Director | onship of Reporting II applicable) Director Officer (give title | | (s) to Issuer 10% Ow Other (s) | ner | | |
|--|---|--|---|--------------|--|--------------|---|------------------|--|--------------------|---|---------------------|--|--|---|--------------------------------------|--|---------------------------------------|--|
| (Last) (First) (Middle) 16930 PARK ROW DR. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2021 | | | | | | | _ ^ | X Officer (give title Other (sp below) Senior Vice President | | | | | | |
| (Street) HOUST(| | "X State) | 77084 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv | idividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | | Table I - Nor | ı-Deriv | ative | Sec | urities Ac | quired | , Dis | posed | of, or E | ene | ficially C | wned | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | A) or , 4 and 5) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (1 | () or () | Price | Transactio (Instr. 3 an | n(s) d 4) | | | instr. 4) | |
| Common Stock | | | | 02/13/ | 3/2021 | | М | | 5,789.8508 | | A | (1) | 8,142.8508 | | D | | | | |
| Common Stock | | | | | 3/2021 | | D | | 4,182.8508 | | D | \$46.585 | 3,960 | | D | | | | |
| Common Stock 02/13 | | | | | 3/2021 | | F | | 1,607 | | D | \$46.585 | 2,353 | | D | | | | |
| | | | Table II - | | | | rities Acq , warrants | | | | | | | ned | | | | | |
| 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) | Code (Instr. | | Derivative E | | Expiratio | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4) | | derlying curity | Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | e V | (A) | | Date Exercisa | | Expiration Date | Title | Nu | nount or mber of ares | | (Instr. 4) | | | | |
| Stock Units | (2) | 02/13/2021 | | M | | | 5,789.8508 | (3) | | (4) | Commo Stock | ⁿ 5, | 789.8508 | \$0.00 | 0 | | D | | |

Explanation of Responses:

- 1. Each stock unit was the economic equivalent of one share of common stock and settled in cash.
- 2. The stock units represent ConocoPhillips common stock on a 1-for-1 basis.
- 3. The stock units grant settles 3 years from date of grant, subject to earlier or partial settlement upon termination of employment after attainment of age 55 with five years of service, layoff, death or disability, or a change
- 4. The stock units do not have an expiration date.

Remarks:

Shannon B. Kinney (by Power of Attorney filed with the

Commission on February 13,

02/17/2021

** 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.