FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| vvasilington, | D.O. 20040 | |
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| 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 Instruction 1(b).

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

| Name and Address of Reporting Person Freeman Jody | | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | | | | ionship of Reporting all applicable) Director | | n(s) to Issue | |
|--|---|--|---|--------------|--|--------------|--------------------|--|---|---------------|----------|---|---------------------------|---|--|--|--|--|
| (Last) | , | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/15/2020 | | | | | | | | | Officer (give title below) | | | Other (sp below) | pecify |
| 16930 PARK ROW DR. | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) | | | | | | | | | | | | | ^ | | , | • | Ü | |
| HOUST | ON T | X | 77084 | | | | | | | | | | | Form file | d by More | e tnan (| One Reporti | ng Person |
| (City) | (\$ | State) | (Zip) | | | | | | | | | | | | | | | |
| | | Ţ | able I - Non | -Derivat | ive S | Securitie | es Acq | uired, D | isp | osed (| of, or E | Benef | icially C | Owned | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos | | urities Acquired (A) o sed Of (D) (Instr. 3, 4 | | | 5. Amount Securities Beneficiall Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | v | Amoun | nt (| A) or D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock | | | 04/15/20 | 4/15/2020 | | | | | 3,4 | 20 | A | (1) | 3,42 | 0(2) | | D | | |
| | | | Table II - D | | | | | ired, Dis | | | | | | vned | | | | |
| 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 | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | Securities | | and Amount of ties Underlying tive Security 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reported Transaci | ve es ally eg | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | Code | v | (A) (D) | |)ate Exercisable | Exp Dat | oiration e | Title | | ount or ober of res | | (Instr. 4) | | | |
| Stock Units | (1) | 04/15/2020 | | M | | 3,420 | 0.5911 | (3) | | (3) | Common | 3,4 | 20.5911 | \$31.865 | 22,425.6 | 5844 ⁽²⁾ | D | |

Explanation of Responses:

- 1. The stock units convert to ConocoPhillips common stock on a 1-for-1 basis along with a cash payment for any remaining fractional share amount.
- 2. Includes units acquired through routine dividend transactions that are exempt under rule 16a-11.
- 3. The reporting person has elected to receive payment as a lump sum three months from initial grant date.

Remarks:

Shannon B. Kinney, Attorney in Fact (by Power of Attorney filed with the Commission on January 18, 2018)

Output

Description:

04/17/2020

** 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.