Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>BERRY WILLIAM B</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|---|--|--|---------|--|--|-----------------|--|---|-------------------------------------|--------------------|---|-----------------|--|---|--|---|--|---|
| (Last) (First) (Middle) 600 NORTH DAIRY ASHFORD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/20/2003 | | | | | | | | | below) | (give title secutive Vice Pr | | Other (s below) resident | pecify |
| (Street) HOUSTON TX 7 | | | 77079 | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Person | | | | |
| | | Tab | le I - Noi | n-Deriv | ativ | e Se | curities | s Ac | quired, [| Pisp | osed o | f, or Be | enef | icially | / Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transat Date (Month/Date) | | | | | | ear) l | Execution f any | A. Deemed xecution Date, any Month/Day/Year | | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | | 5. Amour Securitie Beneficia Owned F Reported | rities Form ficially (D) (d ed Following (I) (I | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transact | | | | |
| | | - | Table II - | | | | | | uired, Di , options | | | | | | Owned | | | | |
| 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, | Code (Ir | | | | 6. Date Exe Expiration (Month/Day | Date | | and 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | urity | 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) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Nui of | ount mber ares | | | | | |
| Phantom | (1) | 08/20/2003 | | | Α | | 10.296 | | (2) | Τ | (2) | Common | 10 | .296 | \$54.64 | 984.905 | , | D | |

Explanation of Responses:

- 1. The shares of phantom stock convert to ConocoPhillips common stock on a 1-for-1 basis.
- 2. The shares of phantom stock were acquired under a Defined Contribution Makeup Plan providing for settlement upon termination of employment, subject to possible deferred payment in certain circumstances. The reporting of this transaction is not an acknowledgment that it is not an exempt transaction under an Excess Benefit Plan pursuant to Rule 16b-3(c).

Remarks:

Michael A. Gist, Attorney-in-Fact (Power of Attorney filed with the Commission on

08/21/2003

** 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.