FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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

| Name and Address of Reporting Person* LOWE JOHN E | | | | | 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) DRTH DAIRY ASHFORD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/20/2003 | | | | | | | | | X | Officer below) | (give title | ice I | Other (sbelow) | |
| (Street) HOUST | | | 77079 (Zip) | | 4. If A | Amen | ndment, | Date (| of Original | Filed | (Month/D | ay/Year) | | 6. Inc Line) | Form | filed by One | Rep | g (Check Ap orting Perso n One Repo | on |
| (- 9) | (- | | le I - Non-l | Deriva | tive | Sec | uritie | s Ac | quired, | Dis | posed o | of, or Be | enefic | ially | / Owned | <u> </u> | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | r) E | xecution any | . Deemed ecution Date, any onth/Day/Year) | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ad Of (D) (Instr. 3, | | 4 and Secu Bene Owne | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pric | | ce | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) |
| | | Т | able II - De | | | | | | | | | , or Ber ble sec | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/\) | | Transacti Code (Ins | | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | Amount of | | f g Security | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | ode \ | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amou or Numb of Share | er | | | | | |
| Phantom | (1) | 08/20/2003 | | | A | | 3.005 | | (2) | | (2) | Common | 3.00 | 5 | \$54.64 | 1,099.89 | 5 | 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 08/30/2002)

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.