FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Schwarz Glenda Mae | | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | | | | k all appli Directo | cable) or | ng Per | son(s) to Iss | vner | |
|--|---|--|---|--------|--|--|--------|--------|---------------------------------------|------|--|-----------------|---|---------|--|---|---------------------------------------|--|--|--|
| (Last) | • | irst) Y ASHFORD | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2012 | | | | | | | | | | Officer (give title below) VP & Con | | | Other (s below) oller | specify | |
| (Street) HOUST(| | N TX 77079 (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Non- | Deriva | ative | Sec | uritie | s Ac | quired, | Dis | posed o | of, or Be | enefic | ially | Owned | t | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | | ar) E | A. Deemed kecution Date, any Ionth/Day/Year) | | Code (| Transaction Dispose Code (Instr. 5) | | ities Acqui d Of (D) (In | str. 3, 4 | 1 and Securiti Benefic Owned Reporte | | es For ially (D) Following (I) (I | | n: Direct or Indirect onstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | V | Amount | (A) or (D) | | ice | Transac (Instr. 3 | tion(s) and 4) | | | | |
| | | Т | able II - De | | | | | | uired, D s, option | | | | | | wned | | , | , | | |
| 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/\) | ate, T | 4. Transaction Code (Inst | | | | 6. Date Ex Expiration (Month/Da | Date | Amount of Securities Underlying Derivative Sec (Instr. 3 and 4 | | of g e Secur and 4) | ity D S | . Price of Derivative Decurity Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amou or Numb of Share | per | | | | | | |
| Phantom Stock | (1) | 12/31/2012 | | | A | | 4.329 | | (2) | | (2) | Common Stock | 4.32 | 29 | \$57.992 | 598.58 ⁽ | (3) | 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 acknowledgement that it is not an exempt transaction under the Excess Benefit Plan pursuant to Rule 16a-3(c).
- 3. Includes units acquired through routine dividend transactions that are exempt under Rule 16a-11.

Nathan P. Murphy (by Power of Attorney filed with the 01/03/2013 Commission on April 9, 2009)

** 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).
- ** 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.