FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|-----------|
| Occident 10. Form 4 of Form 5 | | |

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* | | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | | | | ck all appl | , | | rson(s) to Iss 10% Ov | |
|--|--|--|--|-------|--|---|-----|--------------|---|--------|--|---|-----------------------------------|---|---|--|--------------------------------------|--|--|
| (Last) | ` | irst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2016 | | | | | | | | | Office below | er (give title w) | | Other (specify below) | |
| (Street) HOUST(| | | 77079 (Zip) | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| D. D. | | | 2. Trans Date (Month/ | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (8) | ction Dispos nstr. 5) | | rities Acquired (A ed Of (D) (Instr. 3, | | 4 and | 5. Amou Securiti Benefic Owned Reporte Transac | ies Foi cially (D) Following (I) (ed | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | V | Amount | (A) (D) | " P | rice | (Instr. 3 and 4) | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 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 (Ins | | | | 6. Date Exercisable at Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | C S (I | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amou or Numl of Share | ber | | | | | |
| Stock Units | (1) | 11/30/2016 | | | A | | 219 | | (2) | | (2) | Common Stock | 21 | 9 | \$47.775 | 14,367.341 | 9 ⁽³⁾ | D | |

Explanation of Responses:

- 1. The stock units convert to Conoco Phillips common stock on a 1-for-1 basis.
- 2. The reporting person has elected to receive payment as a lump sum six months following separation from service, which election may be changed by the reporting person to provide for deferred payments.
- 3. Includes units acquired through routine dividend transactions that are exempt under rule 16a-11.

Remarks:

See attached footnotes page.

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

12/02/2016

January 20, 2015)

** 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.