FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C.	20549	

	OMB APPROVAL									
	OMB Number: 3235-0287									
	Estimated average burden									
ı	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)

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*  NIBLOCK ROBERT A						2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [ COP ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last)	(Fi	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023									Office below	r (give title )		Other (s below)	pecify
16930 PARK ROW DR.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	ON T	ζ 7	77084											X		filed by One filed by Mor n		J	
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir										a cont structio	ract, instruc on 10.	ction or writte	n plan 1	that is intend	led to				
		Table	e I - Nor	า-Deriv	ative S	Seci	uritie	es Ac	quired	Dis	posed	of, or E	enef	iciall	y Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Dat			Code (Instr.		Dispos	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefic Owned	es ially Following	Form: (D) or	orm: Direct 0) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amoun	Amount (A		rice	Reported Transaction(s) (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. Deem Execution if any (Month/D	n Date,		Transaction Code (Instr.		ber vative rrities pired r osed )	6. Date E Expiratio (Month/D	Date	•	Amount Securitie Underlyi Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					
Stock Units	(1)	06/30/2023			Α		74		(2)		(2)	Commor Stock	74	4	3103.4675	78,073.878	2 <sup>(3)</sup>	D	

## **Explanation of Responses:**

- 1. The stock units convert to ConocoPhillips common stock on a 1-for-1 basis.
- 2. The reporting person has elected to receive payment in five annual installments beginning one year following his separation from service, which election may be changed by the reporting person to provide for an alternative schedule of deferred payments.
- $3. \ Includes \ units \ acquired \ through \ routine \ dividend \ transactions \ that \ are \ exempt \ under \ rule \ 16a-11.$

## Remarks:

Whitney A. Cox, Attorney in Fact (by Power of Attorney filed with the Commission on

07/05/2023

March 2, 2022)

\*\* 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.