FORM 4

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 (|
|--|-------------|
| obligations may continue. See Instruction 1(b). | Filed purs |

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* NIBLOCK ROBERT A | | | | | 2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|------------|---------------|------|--|---|-----|---------------|---------------------|--|------------------|--|-----------------------------------|--|--|---|---|--|--|
| NIBLU | CK RUE | SERT A | | | 1 | | | | | | | | | X | Direct | or | | 10% Ov | vner |
| (Last) | ` | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2015 | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| (Street) HOUST(| | | 77079 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (3) | iale) (| | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transport Date (Month/L | | | | Date | | Execution Date, | | | Code (I | | (A) or | | str. 3, 4 | | Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 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 (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | | C | Transaction Code (Instr. B) Der Sec (A) Dis of (| | | sed . 3, 4 | Expiration | Date Exercisable and xpiration Date flonth/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | ity De Se (Ir | Price of erivative ecurity istr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | | kpiration ate | Title | Amou or Numb of Share | er | | | | | |
| Stock Units | (1) | 07/31/2015 | | | A | | 230 | | (2) | | (2) | Common Stock | 230 | | \$50.85 | 20,703.007 | 2 ⁽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 in five equal annual installments beginning six months 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:

See attached footnotes page.

Shannon B. Kinney, Attorney in Fact (by Power of Attorney filed with the Commission on January 3, 2013)

08/04/2015

** 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.