FORM 4

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

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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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 Departure Departure				2 1	2. Issuer Name <b>and</b> Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer															
Name and Address of Reporting Person* MULVA JAMES J					CONOCOPHILLIPS [ COP ]									(Check all applicable)						
IVIULV	1 JAWIES	<u>) 1</u>								_	-				X Directo	r		10% Ov	vner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)								<b>-</b>   :	Officer below)	(give title		Other (s below)	specify	
600 NORTH DAIRY ASHFORD					06/	06/15/2004									President and CEO					
										1.57	101 115		`		P - 1 - 1 -		-11	(0) 1 4		
(Street)					4. 11	T Ame	nament, i	Date (	or Origin	аі ғііе	d (Month/D	ay/ Yeai	r)	Line	dividual or J )	oint/Group	Filing	(Спеск Ар	DIICADIE	
HOUST	HOUSTON TX 77079														X Form filed by One Reporting Person					
(City)	(Si	tate)	(Zip)											Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac												d (A) or	5. Amou			nership	7. Nature			
Date (Month/Da					Day/Ye	ear)   i	Execution Date, if any (Month/Day/Year		Code (Inst		on Disposed Of (D) (Instr. 3		. 3, 4 and	Beneficia Owned F	Beneficially (I		Form: Direct D) or Indirect I) (Instr. 4)	of Indirect Beneficial Ownership		
									Cod	e V	Amount	Amount (A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			(	e.g., p	uts,	calls	s, warr	ants	, opti	ons,	converti	ble s	ecur	ities) ์						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Transac Code (In					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title		Amount or Number of Shares						
Phantom Stock	(1)	06/15/2004			A		10.492		(2)		(2)	Comr		10.492	\$74.46	16,937		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 03/01/2004)

06/17/2004

Date

\*\* 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.