FORM 4

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

KILIEO F	IND EXCHANGE COMMISSI
M/ I- : 4	D 0 00540

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL 3235-0287 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

defense	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-																	
1. Name and Address of Reporting Person* <u>LEACH TIMOTHY A</u>					2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP]										Relationshipheck all app	licable)	ng Pei	rson(s) to Is	
(Last) 16930 PA	(Last) (First) (Middle) 16930 PARK ROW DR.				3. Date of Earliest Transaction (Month/Day/Year) 12/12/2024										Office below	officer (give title elow)		Other (s below)	specify
(Street) HOUST(7084 Zip)		4. If <i>F</i>	Amend	ment,	Date of	f Origina	l Filed	I (Month/Da	y/Yea	ır)	Lir	ne) Form	filed by On-	e Rep	ng (Check Ap porting Perso In One Repo	on
		Table	I - Non-	Deriva	tive S	Secui	rities	Acq	uired,	Disp	oosed of	, or	Ben	efici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) if an		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)		es Acquired (A Of (D) (Instr. 3,		(A) oı . 3, 4 a	nd Securit Benefic Owned	ies cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	() or ()	Price	Report Transa (Instr. 3	ed ction(s) 3 and 4)		[(Instr. 4)
Common Stock 12/12/2						/2024					7,350		D	\$(44	148,559		D	
		Tal									osed of, o				ly Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			on Date, Transacti Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	nber					

Explanation of Responses:

Whitney A. Cox, Attorney in Fact (by Power of Attorney filed with the Commission on February 13, 2024)

12/16/2024

** 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.