FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | L OWNERSHIP |
|------------------|------------|-----------------|-------------|

| | OMB APPRO | VAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | 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 | elationship eck all appl C Direct | icable) | Person(s) to | Issuer Owner | | | |
|--|---|--|---|---|-------|-----------------|--------|---------|--|--|------------------|---|-----------------|----------------------|---|---|---|---|
| (Last) (First) (Middle) 600 NORTH DAIRY ASHFORD ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/29/2016 | | | | | | | | | Office below | r (give title) | Othe below | (specify /) | | |
| (Street) HOUST | | | 77079 (Zip) | | 4. If | f Ame | ndment | t, Date | of Origina | Filed | (Month/E | Day/Year) | | Line |) <mark>X</mark> Form | filed by One | Filing (Check Reporting Peresthan One Re | son |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Code | Transaction Disposed Of (D) (Instr. 3, 4 | | | | | 5. Amor Securiti Benefic Owned Reporte | cially (D) Following (I) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | Price | Transac (Instr. 3 | tion(s) | | (111501.4) |
| 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. Deemed Execution Da if any (Month/Day/Y | ate, Transaction | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: y Direct (D or Indire (I) (Instr. | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | xpiration ate | Title | or | ount nber ires | | | | |
| Stock Units | (1) | 02/29/2016 | | | A | | 343 | | (2) | | (2) | Common | 34 | 43 | \$34.085 | 28,725.1484 | (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)

03/02/2016

** Signature of Reporting Person Da

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.