Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vachinaton	D	20E40
Vashington,	D.C.	20549

<b>STATEMEN</b>	T OF	CHAI	NGE

## S IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* <u>LEACH TIMOTHY A</u>					2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [ COP ]												of Reportin licable) tor	ig Pers	son(s) to Is 10% O		
(Last)	(Fir	,	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/09/2023										Office below	er (give title v)		Other ( below)	specify
16930 PARK ROW DR.				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X	Form	n filed by One Reporting Person				
HOUST	OUSTON TX 77084																	Form filed by More than One Reporting Person			
(City)	(St	ate) (Z	Zip)	R	Rule 10b5-1(c) Transaction Indication																
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Table	I - Non-Deriv	/ativ	e Sec	curit	ties A	\cq	uir	ed, D	Disp	osed	of, c	r E	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/			- 1	2A. Deemed Execution Date if any (Month/Day/Ye		Date,		Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Cod	Amount		(A) o (D)	r   F	Price			ted action(s) 3 and 4)			
Common Stock			11/09/20	23					S		44	1,000	D	D \$114.64		409 <sup>(1)</sup> 5'		578,748		D	
		Tal	ole II - Deriva (e.g., p												neficial curities		wne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp	oiration	xercisable and on Date ay/Year)		A S U D S	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Deri Seci	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	de V	(	(A) (I	D)	Date Descrisa			Expiratio Date		itle	Amount or Number of Shares						

1. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices from \$114.47 to \$114.92. The reporting person undertakes to provide the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

## Remarks:

Whitney A. Cox, Attorney in Fact (by Power of Attorney filed with the Commission on January 20, 2021)

11/13/2023

\*\* 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.