SEC Form 4
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Instruction 1(b)

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0								
Estimated average burden								
hours per response:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
Filed pursualit to Section 10(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940
of Section 30(1) of the investment Company Act of 1940

1. Name and Address of Reporting Person <sup>*</sup> Mullins Eric D.					2. Issuer Name and Ticker or Trading Symbol <u>CONOCOPHILLIPS</u> [ COP ]									5. Relationship of Reporting Pers (Check all applicable) X Director				rson(s) to Is 10% Ov	
(Last)	```	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023									Office below	r (give title )		Other (s below)	specify	
16930 PARK ROW DR.				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HOUST	ON T	X	77084											X		filed by Mor		oorting Perso an One Repo	
(City)	(S	tate)	(Zip)	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 in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									n that is inten	ded to									
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Exe if ar	Deemed ecution Date, any onth/Day/Yea		r, Transaction Dispos Code (Instr. 5)			rities Acqu ed Of (D) (lı		4 and Securit Benefic Owned		ies ially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	V A	Amount (A) or (D)		or Pric	~		iction(s) 3 and 4)			(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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an Amount o Securities Underlyin Derivative (Instr. 3 a	Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		ration	Title	Amour or Numbe of Shares	r					
Stock	(1)	05/31/2023			А		111		(2)	(2	2)	Common	111	\$10	0.1075	15,038.424	14 <sup>(3)</sup>	D	

Explanation of Responses:

1. The stock units convert to ConocoPhillips common stock on a 1-for-1 basis.

2. The reporting person has elected to receive payment as a lump sum beginning the earliest to occur of: (i) six months following separation from service; or (ii) five years from the initial grant date, 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:**

Units

Whitney A. Cox, Attorney in Fact (by Power of Attorney 06/01/2023 filed with the Commission on September 8, 2020) Date

\*\* Signature of Reporting Person

Stock

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.