CONOCOPHILLIPS

Form 4 May 12, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

OMB APPROVAL

burden hours per response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading SHACKOULS BOBBY S Issuer Symbol CONOCOPHILLIPS [COP] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) X_ Director 10% Owner Other (specify Officer (give title 600 NORTH DAIRY ASHFORD 05/08/2008 below) (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting HOUSTON, TX 77079 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | Iak | Table 1- Non-Derivative Securities Acquired, Disposed of, of Deficiency Owned | | | | | | | |
|-----------------|---------------------|--------------------|---|--------------------|-------------------|------------------|-------------|--------------|--|--|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securities Ac | equired (A) | 5. Amount of | 6. | 7. Nature of | | |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | omr Disposed of | (D) | Securities | Ownership | Indirect | | |
| (Instr. 3) | | any | Code | (Instr. 3, 4 and 5 | nstr. 3, 4 and 5) | | Form: | Beneficial | | |
| | | (Month/Day/Year) | (Instr. 8) | | | Owned | Direct (D) | Ownership | | |
| | | | | | | Following | or Indirect | (Instr. 4) | | |
| | | | | (4) | | Reported | (I) | | | |
| | | | | (A) | | Transaction(s) | (Instr. 4) | | | |
| | | | Code V | or Amount (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 05/08/2008 | | S | 18,334 D | \$ 88.1872 | 67,594 | D | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: CONOCOPHILLIPS - Form 4

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transacti | 5. | 6. Date Exerc Expiration Da | | 7. Title and Amount of | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|--------------------|---------|--------------------------------|--------------------|---|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (i.i.dia. Dayi Teal) | any (Month/Day/Year) | Code (Instr. 8) | of | (Month/Day/) e | | Underlying Securities (Instr. 3 and 4 | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title Amoun or Numbe of Shares | | |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

SHACKOULS BOBBY S 600 NORTH DAIRY ASHFORD X HOUSTON, TX 77079

Signatures

Chris Wood (By Power of Attorney filed herewith)

05/12/2008

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2