#### Edgar Filing: Rose Kelly Brunetti - Form 4

Rose Kelly B	runetti										
Form 4	010										
October 09, 2	Л								PPROVAL		
	UNITED	STATES		RITIES A			E COMMISSIO	N OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or	er <b>STATEN</b> 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17(	a) of the I	Public U	Itility Hol	ding Cor		nge Act of 1934, of 1935 or Secti 940	on			
(Print or Type R	esponses)										
1. Name and Ac Rose Kelly E	Person <u>*</u>	Symbol	er Name <b>an</b> COPHIL			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (1	Middle)	3. Date of	of Earliest T	ransaction		(Check an applicable)				
600 NORTH DAIRY ASHFORD			(Month/Day/Year) 10/04/2018				Director 10% Owner X Officer (give title Other (specify below) SVP & General Counsel				
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
HOUSTON,	TX 77079						Person	wore than one R	epotting		
(City)	(State)	(Zip)	Tab	ole I - Non-J	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
	2. Transaction Date Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactic Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Repo	ort on a separate line	for each cla	ass of sec	urities bene	-	-	-	ation of (	0001474		
					inforn requii	nation cont ed to resp lys a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securit

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquire (A) or Dispose (D) (Instr. 3 and 5)	ed of					(Instr.
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Units	<u>(1)</u>	10/04/2018		А		6,311		(2)	(3)	Common Stock	6,311	\$ 78.23
Stock Units	<u>(1)</u>	10/04/2018		А		3,915		(4)	(3)	Common Stock	3,915	\$ 78.23

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Rose Kelly Brunetti 600 NORTH DAIRY ASHFORD HOUSTON, TX 77079			SVP & General Counsel						

### Signatures

Mary K. Ytterberg, Attorney in Fact (by Power of Attorney filed with the Commission on September 10, 2018) 10/09/2018 \*\*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).
- (1) The stock units convert to ConocoPhillips common stock on a 1-for-1 basis.
- (2) Stock unit grant settles on February 13, 2021, subject to earlier or partial settlement upon termination of employment after attainment of age 55 with five years of service, layoff, death or disability or a change of control.
- (3) The stock units do not have an expiration date.
- (4) Stock unit grant settles 3 years from date of grant, subject to earlier settlement upon termination of employment after attainment of age 55 with five years of service, layoff, death or disability or a change of control.

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.