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CARRIG JOH Form 4	IN A									
January 04, 20	005									
FORM	4							PPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Section 17(a) of the Public Utility Holding Company Act of 1940 30(h) of the Investment Company Act of 1940						nge Act of 1934, t of 1935 or Sectio	Estimated burden hou response	Estimated average burden hours per response 0.5		
(Print or Type Re	sponses)									
1. Name and Add CARRIG JOF	Symbo	2. Issuer Name and Ticker or Trading Symbol CONOCOPHILLIPS [COP]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (I	Middle) 3. Date	of Earliest	Fransaction		(Check an applicable)				
600 NORTH		(Month/Day/Year) 12/30/2004			Director 10% Owner X Officer (give title Other (specify below) below) Vice President					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
HOUSTON, 7	ГХ 77079					Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip) Ta	able I - Non-	Derivative S	Securities A	Acquired, Disposed o	of, or Beneficia	lly Owned		
	Transaction Date Aonth/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Repor	t on a separate line	for each class of se	curities bene	eficially own	ed directly	or indirectly.				
				Persor inform require	ns who res ation con ed to resp /s a curre	spond to the colle tained in this form ond unless the for ontly valid OMB co	are not m	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. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)) (Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr.			
			Code V	(A)	· · ·	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock	<u>(1)</u>	12/30/2004	А	3.665		(2)	(2)	Common Stock	3.665	\$ 86

Reporting Owners

Reporting Owner Name / Address		Rela	tionships	
	Director	10% Owner	Officer	Other
CARRIG JOHN A 600 NORTH DAIRY ASHFORD HOUSTON, TX 77079			Vice President	
Signatures				
		C		

Michael A. Gist, Attorney-in-Fact (Power of Attorney filed with the Commission on 01/04/2005 02/10/2004)

**Signature of Reporting Person

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 shares of phantom stock convert to ConocoPhillips common stock on a 1-for-1 basis.

The shares of phantom stock were acquired under a Defined Contribution Makeup Plan providing for settlement upon termination of
 (2) employment, subject to possible deferred payment in certain circumstances. The reporting of this transaction is not an acknowledgment that it is not an exempt transaction under an Excess Benefit Plan pursuant to Rule 16b-3(c).

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.

Date