FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL								
OMB Number:	3235-0287							

Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* Franklin Robert Stuart (Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BLVD.				2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]										heck all app Direct	olicable)		Person(s) to Issuer 10% Owner Other (specify			
					3. Date of Earliest Transaction (Month/Day/Year) 12/02/2009									X Officer (give title Other (specify below) Vice President						
(Street) IRVING (City)	treet) RVING TX 75039-2298					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	le I - No	n-Deriv	ative	Sec	curitie	s Acc	quired	, Dis	posed o	f, or	Bene	ficia	lly Own	ed				
Date			Date	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)				Benefic Owned	ies cially Following	Forr (D) (wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A)	or F	rice	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Common Stock 12/02/				2009	2009					2,412		D :	\$74.8	36 11	5 116,682		D		
Common Stock															2,68	2,689.7183		I	By Employee Savings Plan	
		Та									osed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date Execution Date, or Exercise (Month/Day/Year) if any (Month/Day/Year) Operivative		n Date, Pay/Year)	4. Transaction Code (Instr. 8)			rities ired r osed) : 3, 4	6. Date Expiration (Month/Mont	on Da Day/Yo		7. Title and Amount of Securities Underlying Derivative Security (Insi and 4) Amount or Numi of Title Shar		unt ber	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

/s/ Jerry D. Miller by Power of <u>Attorney</u>

12/04/2009

** Signature of Reporting Person

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.