FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: 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 Instruction 1(b).

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

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXXON MOBIL CORP</u> [XOM] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|---|--|--|---------|--------------------------------|---|--|--|------|--|--------|---------------|---|-------|--|---|---|-------------------------|--|
| (Last) (First) (Middle) C/O EXXON MOBIL CORPORATION | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/28/2008 | | | | | | | | | | er (give title | O | | specify |
| S959 LAS COLINAS BLVD (Street) | | | | 98 | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ay/Year) if a | | Executio if any | A. Deemed xecution Date, any lonth/Day/Year | | Transaction Disposed Code (Instr. 5) | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | d Securi Benefi | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | t c | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | | action(s) 3 and 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) | erivative Conversion Date Execution or Exercise (Month/Day/Year) if any | | | Date, (| Date, Transaction Code (Instr. | | of Derive Secue Acque (A) or Disposof (D) (Instr | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Shares | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | hip d E O) (ect (| 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

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

05/30/2008

** Signature of Reporting Person Date

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.