FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

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OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours ner resnons	e 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* UBBEN JEFFREY W					2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] 3. Date of Earliest Transaction (Month/Day/Year)							(Ch	eck all app	tor	ng Pers	10% Ov	vner		
(Last)	(Fi	rst) (M	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024									below	er (give title /)		Other (s below)	pecily
1170 GORGAS AVENUE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applical ine)			oplicable				
(Street) SAN FRANCI	SCO CA	A 9	4129											filed by On filed by Mo on					
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - Non-	-Deriva	tive S	Secu	rities	Acq	uired,	Disp	osed of	, or E	3ene	eficia	Ily Own	ed			
Date				2. Transad Date (Month/Da	Execution		cution	on Date, Tran		4. Securition Disposed (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3,		(A) or 3, 4 an	Benefic	ies cially Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) (D)	or	Price	Transa	action(s) . 3 and 4)			Instr. 4)		
Common	Stock, with	nout par value		01/02/	2024				A		2,500	I	D	(1)	15	15,500		(2)(3)	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year) Date Exercisable Expir Exercisable		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dir or (I)	0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v					Expiration Date	Title	Number of						

Explanation of Responses:

- 1. Restricted stock grant.
- 2. Represents restricted stock grants awarded to Mr. Jeffrey W. Ubben (the "Reporting Person"). The Reporting Person is deemed to hold the awards for the benefit of certain funds (the "In-Cap Funds") managed by Inclusive Capital Partners, L.P. ("In-Cap") and indirectly for the benefit of In-Cap, and may, after vesting, if applicable, transfer the awards directly to the In-Cap Funds.
- 3. The filing of this statement shall not be deemed an admission that the Reporting Person is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Act of 1934, as amended, or otherwise. The Reporting Person expressly disclaims beneficial ownership of the securities reported herein except to the extent of his pecuniary interest therein.

01/03/2024

** 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.