FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| 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* Pryor Stephen D | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | | k all app Dired | ionship of Reportir all applicable) Director Officer (give title | | g Person(s) to Issuer 10% Owner Other (specify | | | |
|---|---|------|---|---------|---|---|---|---------------------------------|------------------------------------|----------|--|--|----------------|-----------------------------------|--|---|---|--|---|--|--|
| | ist) (First) (Middle) XXON MOBIL CORP 59 LAS COLINAS BLVD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/28/2007 | | | | | | | | | | below) below) Vice President | | | | | |
| (Street) IRVING (City) | T> | | 75039-22 Zip) | 98 | 4. If <i>i</i> | Ame | ndment, | Date o | of Original Filed (Month/Day/Year) | | | | | | | dividual or Joint/Group Filing (Check Applicable) C Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ber | efic | ially | Owne | ed | | | | |
| Da | | | 2. Transaction Date (Month/Day/Year) | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dis | | Disposed | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securit Benefic Owned | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Pri | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock | | | | | 11/28/2007 | | | | A ⁽¹⁾ | | 77,000 | | A | | (1) | 55 | 558,539 | | D | | |
| Common | mmon Stock | | | | | | | | | | | | | | | 2 | 3,022 | | I | By Spouse | |
| Common Stock | | | | | | | | | | | | | | | 19,304.4624 | | | I | By Savings Plan | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr 8) | | 5. Nu of Deriv Secu Acqu (A) oi Dispo of (D) (Instr | ative rities ired osed | 6. Date E Expiratio (Month/D | n Date | е | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | nstr. : | Der Sec (Ins | Price of Privative Curity Str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | F C O (I | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | or Nu of | mbei ares | | | | | | | |

Explanation of Responses:

Restricted stock grant.

Jerry D. Miller by Power of Attorney

11/30/2007

** 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.