FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL											
OMB Number:		3235-028									

37 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Kelly Alan J					2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]										(Check	all app Dired	licable)	g Person(s) to Issuer 10% Owner Other (specify	
	(Fii XON MOBI S COLINA	L CORPORATI	Middle) ON		12/0	Date of Earliest Transaction (Month/Day/Year) 2/07/2009									X	below) below) Vice President			
(Street) IRVING (City)	TX (St		75039-22 Zip)	98	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
1. Title of Security (Instr. 3) 2. Trans Date			2. Transa Date	-Derivative Securities Acq 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (ection	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				or 5. Amou 4 and Securitie Benefici Owned F		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount (A) or (D)		Pric	ce	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock			12/07	12/07/2009						4,365		D	\$7	4.86	.86 144,979		D		
Common	Stock																2,750	I	By Family Trust
Common	Stock															1,1	101.088	I	By Savings Plan
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)	Derivative Conversion Date Execution Date, Transa Security or Exercise (Month/Day/Year) if any Code (ction of E			Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			rice of vative urity r. 5)		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	Title	or Nu of	ımber						

Explanation of Responses:

/s/ Jerry D. Miller by Power of 12/09/2009 **Attorney**

** 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.