SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL									
OMB Number:	3235-0287								
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	L. Nume and Address of Reporting Leson		2. Issuer Name and Ticker or Trading Symbol <u>EXXON MOBIL CORP</u> [xom]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					Director	10% Owner			
·			_	- x	Officer (give title	Other (specify			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)			
C/O EXXON MOBIL CORP			11/28/2006	Chairman and President					
5959 LAS C	OLINAS BLVD								
-			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi	vidual or Joint/Group Fili	ng (Check Applicable			
(Street)				Line)					
IRVING	ТХ	75039-2298		X	Form filed by One Re	porting Person			
-			-		Form filed by More the Person	an One Reporting			
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
11/28/2006		A ⁽¹⁾		185,000	A	(1)	747,245	D	
							12,197.1421	I	By Savings Plan
							1,800	I	By Dependent Child
	(Month/Day/Year)	(Month/Day/Year) if any (Month/Day/Year)	(Month/Day/Year) if any (Month/Day/Year) Code (8) Code	(Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 8) Code V	(Month/Day/Year) if any (Month/Day/Year) Code (Instr. 5) Code V Amount	(Month/Day/Year) if any (Month/Day/Year) Code (Instr. 5) Code V Amount (A) or (D)	(Month/Day/Year) if any (Month/Day/Year) 2 Code (Instr. 5) Code V Amount (A) or (D) Price	$ \begin{array}{ c c c c c c c c } \hline (Month/Day/Year) & if any (Month/Day/Year) & \hline Code (Instr. 8) & \hline S & \hline & & \hline & Beneficially \\ \hline Owned Following Reported Transaction(s) (Instr. 3 and 4) & \hline \\ \hline 11/28/2006 & & A^{(1)} & \hline & 185,000 & A & (1) & 747,245 & \hline \\ \hline & & & & & & & & & & & & & & & &$	$ \begin{array}{ c c c c c c } \hline (Month/Day/Year) & if any (Month/Day/Year) & if $

				1						3		-			7		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction of Code (Instr. Derivative		Derivative (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		on of tr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Expiration Date		and nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. Restricted stock grant.

M. Katherine Ivey by Power of 11/30/2006

<u>Attorney</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.