FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

| OMB APP | ROVAL |
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| | |
| OMB Number: | 3235-028 |

87 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 | on 30(| (h) of the | Investme | nt Co | mpany Act | of 1940 | | | | | | | |
|---|---|--|--|-------------|---|--|-----------------------------------|------------|--|--------------------------|--------------------|---|-----------------------------------|----------------------------------|--|---|---|--|--|
| 1. Name and Address of Reporting Person* Glass Sherman J JR | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | | ationship of Reporti (all applicable) Director | | g Pers | 10% Ow | ner |
| | ` | ORPORATION | (Middle) | | 3. Date of Earliest Transa 02/14/2011 | | | | | saction (Month/Day/Year) | | | | | Officer (give title below) Vice P | | Other (spo below) President | | респу |
| (Street) IRVING | TX | | 75039-22 | 298 | _ 4. l | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | ı |
| (City) | (Si | | (Zip) | n Dori | vativ | | ourit | ios Ao | auirod | Dic | enocod o | of or Do | nofic | ially | Owned | <u> </u> | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year | | 1 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | d (A) o | 5. Amou Securiti Benefici Owned | | nt of es ally Following | 6. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | e | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock | | | | 02/14/2011 | | | | | M | | 22,000 |) A | \$3 | 37.12 600 | |),055 | | D | |
| Common Stock 02/ | | | | 02/14 | 14/2011 | | | | S | | 6,800 | D | \$84 | 4.46 | 6 593,255 | | D | | |
| Common Stock | | | | 02/14 | 02/14/2011 | | | | S | | 100 | D | \$84 | .465 | 593 | ,155 | | D | |
| Common Stock | | | 02/14/2011 | | | | | S | | 13,100 |) D | \$84 | 4.47 | 580 | ,055 | | D | | |
| Common Stock 02 | | | | 02/14 | 14/2011 | | | | S | | 1,900 | D | \$8 | 4.48 | 8 578,155 | | 155 D | | |
| Common Stock 02/14 | | | | 4/2011 | /2011 | | | | | 100 | D | \$84 | .485 | 85 578,055 ⁽¹⁾ | | | D | | |
| Common Stock | | | | | | | | | | | | | | 35,84 | 6.2164 | | I | By Savings Plan | |
| | | - | Table II - | | | | | | | | osed of, | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | ed Date, | 4. Transa Code (8) | ction | 5. Number of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | sable and | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | unt 8 | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amou or Numb of Share | mber | | | | | |
| Employee Stock Option (Right to Buy) | \$37.12 | 02/14/2011 | | | M | | | 22,000 | 11/28/20 | 002 | 11/28/2011 | Common Stock | 22,0 | 00 | \$0 | 45,300 | 7 | D | |

Explanation of Responses:

1. Includes 171,678 shares in joint ownership with reporting person's spouse.

02/15/2011 /s/ Sherman J. Glass, Jr.

** Signature of Reporting Person

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.