FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
l	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

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Name and Address of Reporting Person*     Balagia S Jack						2. Issuer Name and Ticker or Trading Symbol  EXXON MOBIL CORP [ XOM ]											tionship of Reportin all applicable) Director Officer (give title		10% (		ssuer Owner (specify
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 11/27/2015											belov			below)	
(Street) IRVING TX 75039-2298 (City) (State) (Zip)				98	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Indiv ine) X	Forn Forn	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson			
		Tabl	e I - Nor	n-Deriv	ative	Se	curiti	es Ac	qui	ired,	Dis	osed o	f, o	r Bei	nefici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		,   1	3. Transaction Code (Instr. 8)					ed (A) o tr. 3, 4 a	4 and Se		. Amount of securities seneficially owned Following		ership Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									c	Code	v	Amount		(A) or (D)	Price	e	Transaction(s) (Instr. 3 and 4)				(1130. 4)
Common Stock 11/27/2							2015			F		3,084		D	\$83	L.64	2	229,249		)	
Common Stock																5		5,451.7835		I	By Savings Plan
		Та	ıble II - I									sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	e Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Date (Month/Day/Year)  If any (Month/Day/Year)  Month/Day/Year)  Security			4. Transa Code ( 8)		str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares			-		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

/s/ Jerry D. Miller by Power of Attorney

12/01/2015

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.