FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| 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

| | | | | | _ | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--------|--|---|--------|------------|---------------------------------|-------------------------|--|--|---------------|-----------------------------------|---|---|---|--|-------------------------------------|--|--|--|
| 1. Name and Address of Reporting Person* Balagia S Jack | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | | | ck all appli Directo | cable) or | g Person(s) to Issu 10% Ow Other (sp | | ner | | |
| | EXXON MOBIL CORPORATION | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2011 | | | | | | | | | | | below) | Officer (give title below) Vice President | | below) | | | |
| 5959 LA | S COLINA | S BOULEVARI | _ 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) IRVING | • | | | | _ | | | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | curit | ies Ac | qu | ired, l | Dis | osed o | of, o | r Be | nefic | ciall | / Owned | d | | | | | |
| Date | | | | 2. Trans Date (Month/ | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | Securiti Benefici Owned | eficially ned Following | | n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Ī | Code | v | Amount | | (A) or (D) | Pri | ce | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common | Stock | 4/2011 | /2011 | | | | М | | 7,207 | 7 | A | \$3 | 37.12 | 98 | 98,934 | | D | | | | | | |
| Common | Stock | 4/2011 | /2011 | | | | F | | 4,989 | 9 | D | ; | \$72 | 93,945 | | | D | | | | | | |
| Common | | | | | | | | | | | | 4,435.4623 | | | I | By Savings Plan | | | | | | | |
| | | Т | able II - | | | | | | | | | sed of onverti | | | | | Owned | | | • | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | n of E | | | ercisa Date y/Yea | ble and | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | |) Secur | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | • | Amou or Numb of Share | oer | | | | | | | |
| Employee Stock Option (Right to | \$37.12 | 09/14/2011 | | | М | | | 7,207 | 11/ | /28/2002 | 2 11 | 1/28/2011 | | nmon ock | 7,20 |)7 | \$0 | 0 | | D | | | |

Explanation of Responses:

/s/ Jerry D. Miller by Power of 09/16/2011 **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.