FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average by | urden | | | | | | | | |

0.5

hours per response:

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* <u>Dolan Michael James</u> | | | | | | Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2011 | | | | | | | | | Check | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify | | | | |
|--|------------|--|------------------------|---------|---|--|---|-------|---|--------|---------------------|--|------------------------|---------------------------|--|---|---|--|--|--|
| (Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD | | | | | X | | | | | | | | | | below) | | below) re President | | | |
| (Street) IRVING TX 75039-2298 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Indiv _ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efic | ially | Owne | ed | | | Π |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | ay/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Sec Ber Ow | | ount of ities icially d Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect Beneficia Ownersh | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Pric | e | | ted action(s) 3 and 4) | | (Instr. 4) | (instr. 4) |
| Common Stock 11/30/2 | | | | | | 2011 | | F | | 10,024 | | D | \$7 | 5.92 | 43 | 36,305 | D | | \neg | |
| Common Stock 11/30/3 | | | | | 2011 | | | | A | | 90,800 |) | A | \$0 ⁽¹⁾ | | 527,105 ⁽²⁾ | | D | | |
| Common Stock | | | | | | | | | | | | | | | | 8,7 | 25.6709 | I | By Savings Plan | S |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercis Expiration Date (Month/Day/Ye | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | ı ıstr. 3 | Deri Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indired Beneficia Ownersh (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | of | mber ares | | | | | | | | |

Explanation of Responses:

- 1. Restricted stock grant.
- $2. \ Includes \ 52{,}579 \ shares \ in joint \ ownership \ with \ reporting \ person's \ spouse$

/s/ Jerry D. Miller by Power of Attorney 1

12/02/2011

** 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.