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 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Goff Gregory James  |   |  |   |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ] |  |  |  |      |   |            |   | (Che  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Jirector 10% Owner                             |                             |  |  |   |
|--|---|--|---|---|---|--|--|--|------|---|------------|---|---|--|-----------------------------|--|--|---|
| (Last) (First) (Middle) C/O EXXON MOBIL CORPORATION  |   |  |   |   | 3. Date of Earliest Transaction (Month/Day/Year) 10/17/2024                 |  |  |  |      |   |            |   |   | Office<br>below  | er (give title<br>v)        |  | Other (s<br>below)   | specify   |
| 22777 SPRINGWOODS VILLAGE PKWY   |   |  |   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                    |  |  |  |      |   |            |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |                             |  |  |   |
| (Street) SPRING  | •   |  | 7389  | _                                       |   |  |  |  |      |   |            |   | <b>V</b>  | <u></u>  |                             |  |  |   |
| (City)   | (Sta  | ate) (Ž                                    | Zip)  |   |   |  |  |  |      |   |            |   |   |  |                             |  |  |   |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |  |   |   |   |  |  |  |      |   |            |   |   |  |                             |  |  |   |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)   |   |  |   |   | Exec  |  | Deemed<br>cution Date,<br>ny<br>enth/Day/Year) |  |      |   |            | s Acquired (A) or<br>f (D) (Instr. 3, 4 a |   | 5. Amo<br>Securit<br>Benefic<br>Owned<br>Report  | ties<br>cially<br>Following | Forn<br>(D) c  | n: Direct<br>or Indirect<br>nstr. 4)                               | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|  |   |  |   |   |   |  |  |  | v    | Amount  | (A)<br>(D) | or F                                      | Transa  |  | ed<br>ction(s)<br>3 and 4)  |  |  | (Instr. 4)  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |   |   |   |  |  |  |      |   |            |   |   |  |                             |  |  |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8) |   | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |            | D<br>Se<br>(Ii                            | Price of<br>erivative<br>ecurity<br>nstr. 5)                | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |                             | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |
|  |   |  |   | Code                                    | v   | (A)  | (D)  | Date<br>Exercis  | able | Expiration<br>Date  | Title      | Amor<br>or<br>Numi<br>of<br>Share         | ber   |  |                             |  |  |   |

**Explanation of Responses:** 

/s/ Angela M. Sage by Power of Attorney

10/21/2024

\*\* 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.