FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S 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-

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of ee Instruction 1																		
Name and Address of Reporting Person*     Chapman Neil A				2. Issuer Name <b>and</b> Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) 22777 SPRINGWOODS VILLAGE PKWY				3. Date of Earliest Transaction (Month/Day/Year) 12/17/2024										Officer (give title Other (specify below)  Senior Vice President					
(Street)	ТУ	77389			4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Fili Line)  Form filed by One Re Form filed by More th.				rson
(City)	(St	ate) (	(Zip)									Perso	on						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)		red (A) o str. 3, 4	or and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)						
Common	Stock			12/17/20	024				G		204	D	\$0	<b>)</b> (1)	935,	768	1	)	
Common	Stock			12/17/20	024				G		204	A	\$0	<b>)</b> (1)	3,4:	52		I 1	By Dependent Child 3
Common	Stock			12/17/20	024				G		204	D	\$0	<b>)</b> (2)	935,	564	1	)	
Common	Stock			12/17/20	024				G		204	A	\$0	<b>)</b> (2)	3,4:	52		I   1	By Dependent Child 2
Common	Stock			12/17/20	024				G		204	D	\$0	<b>)</b> (3)	935,3	360	I	)	
Common	Stock			12/17/20	024				G		204	A	\$0	)(3)	3,1	16		I	By Dependent Child 1
Common Stock 12/17/2		12/17/20	024			G		334	D	\$0	<b>)</b> (4)	935,0	)26 <sup>(5)</sup>		)				
Common	Stock			12/17/20	024				G		334	A	\$0	<b>)</b> (4)	33	4		r   1	By Dependent Grandchild
Common Stock													17,069.9428			I :	By Savings Plan		
		Та	ble II								osed of, o					d E			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date or Exercise (Month/Day/Year) if any		eemed ution Date,	4. Transaction Code (Instr. 8)				1					8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)	
			Code	v	Date Exerc			isable	Expiration Date	Title	Amou or Numb of Share	er							

## Explanation of Responses:

- 1. No consideration received or given.
- 2. No consideration received or given.
- 3. No consideration received or given.
- 4. No consideration received or given.
- 5. Direct shareholdings include 81,275 shares held in joint ownership with reporting person's spouse.

/s/ Angela M. Sage by Power of Attorney 12/18/2024

\*\* 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.