FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 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).

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

Name and Address of Reporting Person* Kelly Alan J						2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]									Check	all app Direc	olicable) ctor	ng Pers	Person(s) to Issuer 10% Owner Other (specify	
	(Last) (First) (Middle) EXXON MOBIL CORP. 5959 LAS COLINAS BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 12/15/2008										Y Officer (give title Other (specify below) Vice President				
(Street) IRVING (City)	T>		75039-229 Zip)	98	4. If	Ame	endment	, Date o	of Original	Filed	(Month/Da	ay/Yea	ar)		individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					on
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispose Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4 a						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount		(A) or (D)	Pric	Trans		action(s) 3 and 4)			(Instr. 4)
Common Stock				12/15	12/15/2008				G	V	1,375	5	D	(1)		125,580			D	
Common Stock				12/15/2008		3			G	V	1,375	5	A	(1)		1,375			I	By Family Trust
Common Stock															840.7658			I	By Savings Plan	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, Traculty or Exercise (Month/Day/Year) if any Co				Transa Code (ransaction code (Instr.)		rative rities iried r osed)	Expiratio	o. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F D O (I)	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code		v	(A)	(D)	Date Exercisa		Expiration Date	Title	Nur of	nber res						

Explanation of Responses:

1. No consideration received or given.

Alan J. Kelly

12/17/2008

** 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.