FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| 1. Name and Address of Reporting Person* Walters Thomas R | | | | | | Issuer Name and 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) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2011 | | | | | | | X | Offic belov | • | tle Other (specify below) e President | | | |
| (Street) IRVING TX 75039-2298 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | | | | Forn Pers | | e than One Rep | orting | |
| | | Tab | e I - No | n-Deriva | ative S | Secu | rities A | quire | d, Dis | sposed o | f, or Be | nefi | cially | Owne | ed | | | |
| Dat | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | saction (Instr. | 4. Securities Acquire Disposed Of (D) (Ins | | | | 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) | | |
| | | | | | | | | Cod | v | Amount | (A) or (D) | Pri | се | Transa | action(s) 3 and 4) | | (111501.4) | |
| Common | Stock | | | 11/30/ | 2011 | | | F | \top | 5,723 | D | \$ | 75.92 | 20 | 64,979 | D | | |
| Common Stock | | | 11/30/2011 | | | | F | | 4,520 | D | \$7 | 4.925 | 20 | 60,459 | D | | | |
| Common | Stock | | | 11/30/ | 2011 | | | A | | 55,000 | A | , | \$ <mark>0</mark> (1) | 3 | 15,459 | D | | |
| Common | Stock | | | | | | | | | | | | | 1 | 1,000 | I | By Family Trust | |
| Common Stock | | | | | | | | | | | | | | 13,1 | 104.7923 | I | By Savings Plan | |
| Common | Stock | | | | | | | | | | | | | 1 | .5,084 | I | By Spouse | |
| Common Stock | | | | | | | | | | | | 13,06 | | ,066.67 | I | By Spouse Savings Plan | | |
| Common Stock | | | | | | | | | | | | | 25,000 | | I | By TRW 2010 GRAT 3 | | |
| Common Stock | | | | | | | | | | | | 25,000 | | I | By TRW 2010 GRAT 5 | | | |
| | | Ta | | | | | | | | osed of, onvertib | | | | wned | | | | |
| 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/D | ed 4. Date, Transact Code (In | | 5. Number of | | 6. Date | | isable and te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Pr Deri Sec (Inst | rice of vative urity tr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | of Resnons | | | | Code V | , | (A) (D) | Date Exerc | sable | Expiration Date | 1 | Amour or Numbe of Shares | r | | | | | |

1. Restricted stock grant.

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

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.