FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

KILIEO F	AND EXCHANGE	COMMISSIO
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OMB APPROVAL

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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-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 56	ee Instruction 1	U.																		
1. Name and Address of Reporting Person* Taylor Jeffrey Allen					2. 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					
					1											er (give title	-	- ,	specify	
(Last)	3. Da	Date of Earliest Transaction (Month/Day/Year)									below) Officer (give title Other (sp				,					
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION						11/26/2024									VP, Gen. Counsel & Secretary					
22777 SPRINGWOODS VILLAGE PKWY					4. If Amondment, Date of Original Filed (Month/Dev/Moss)								G Ir	6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)					4. " /	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SPRING	TX	7	7389		1										√ Form	filed by On	e Reportin	Perso	on	
SIKING	17	,	1309		1										Form filed by More than One Reporting					
(0:1.)	(0)		•• \		1										Perso	n				
(City)	(Sta	ate) (2	Zip)																	
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of S	Security (Inst	r. 3)		2. Transac	Execution Date,			3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)						6. Ownership Form: Direct		7. Nature of Indirect				
				(Month/Da								Benefic Owned	ially Following	(D) or Indi (I) (Instr. 4		Beneficial Ownership				
					(<u> </u>	T.,	Amount (A) or (D)		or		Reported Transaction(s)				(Instr. 4)		
					Code	٧	Amount	(D)		Price		and 4)								
Common Stock 11/26/2						2024			A		43,400	43,400 A		\$0 (1)	86,800		D			
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)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transa Code (8)		nstr. Derivative Securities Acquired		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned	Own Form Direct or In	t (D) direct	Beneficial Ownership (Instr. 4)	
	Security						(A) or Disposed of (D) (Instr. 3, 4 and 5)					Security (Ins 3 and 4)		istr.		Following Reported Transaction (Instr. 4)	1	str. 4)		
											Expiration		Amo or Num of	ber						
					Code	e V (A) (D)		Exercisable		Date	Title	e Shares								

Explanation of Responses:

1. Grant of restricted stock units to be settled in shares only.

/s/ Angela M. Sage by Power of Attorney

11/27/2024

** 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.