FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| STATEMENT O | F CHANGES IN | BENEFICIAL | OWNERSHIP |
|-------------|--------------|------------|-----------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* MULVA PATRICK T | | | | | 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 Officer (give title Other (spec | | | | | ner | |
|---|---|--|---|---|--|------------------|--------------|--------|--|---------|--------------------|--|--|---|-------------------------------------|--|---|-----------|--|
| (Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BLVD | | | 08/ | 3. Date of Earliest Transaction (Month/Day/Year) 08/06/2009 | | | | | | | | | X Office (give the Other (specify below) Vice President and Controller | | | | | | |
| (Street) IRVING | T | X ' | 75039-2 | 298 | _ 4. If Amendment, Date | | | | e of Original Filed (Month/Day/Year) | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | ate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | /ative | Sec | uriti | ies Ac | quired | l, Di | sposed o | of, or Be | neficia | lly Ow | ned | | | | |
| Dat | | Date | t. Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | and 5) Securiti Benefici Owned I | | s illy ollowing | Form: | Direct of Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | ion(s) | | | Instr. 4) |
| Common Stock 08/06/2 | | | 2009 | 009 | | M | | 7,500 | A | \$41.78 | 12 | 12 325,030 ⁽¹⁾ | | D | | | | | |
| Common Stock | | | | | | | | | | | 3 | 30,520.9802 | | I | | By Savings Plan | | | |
| Common Stock | | | | | | | | | | | | | 3,2 | 200 | | I 1 | By Trust For Parents | | |
| | | T | able II | | | | | | | | posed of converti | | | y Own | ed | | | | 1 |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Year) of ative | | | | ection Instr. | 5. Number of | | 6. Date Exercis Expiration Date (Month/Day/Ye | | isable and te | 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 au | d f g Security | Deriva Securi | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to | \$41.7812 | 08/06/2009 | | | M | | | 7,500 | 12/08/2 | 000 | 12/08/2009 | Common Stock | 7,500 | \$0 | | 5,108 | | D | |

Explanation of Responses:

 $1.\ Direct shareholdings\ include\ 342\ shares\ jointly\ owned\ with\ reporting\ person's\ spouse.$

/s/ Patrick T. Mulva 08/07/2009

** 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.