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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See |
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| nstruction 1(b). |
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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

| OMB APPROVAL | | | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|--|--|
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| hours per response: | 0.5 | | | | | | | | |

| 1. Name and Ad Duffin Nei | ldress of Reporting $\overline{\mathrm{ll}W}$ | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>EXXON MOBIL CORP</u> [XOM] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner |
|------------------------------|---|---------|--|---|
| | t) (First) (Middle) XON MOBIL CORPORATION 9 LAS COLINAS BOULEVARD | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2014 | X Once (give the other (specify below) below) Executive Officer |
| (Street) IRVING (City) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr. 5) Beneficially (D) | | Disposed Of (D) (Instr. 3, 4 and | | | Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|----------------------------------|----------|-----|---|---|---|
| | | | | | | (1150.4) | | | | |
| Common Stock | 01/31/2014 | | G | v | 148 | D | (1) | 32,069 ⁽²⁾ | Ι | By Family Trust |
| Common Stock | 01/31/2014 | | G | v | 148 | A | (1) | 638 | Ι | By Trustee For Dependent Child 1 |
| Common Stock | 01/31/2014 | | G | v | 148 | A | (1) | 638 | Ι | By Trustee For Dependent Child 2 |
| Common Stock | 01/31/2014 | | G | v | 148 | D | (1) | 31,921 ⁽²⁾ | Ι | By Family Trust |
| Common Stock | | | | | | | | 328,550 ⁽²⁾ | D | |
| Common Stock | | | | | | | | 2,192.8702 | Ι | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | Security (Instr. 5) Securities Beneficial Owned Following Reported | derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|--|---|---------------------|---|---|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. No consideration received.

2. Includes a change in the form of ownership from direct to indirect for 25,586 shares transferred to a family trust on December 10, 2013.

<u>02/04/2014</u>

** Signature of Reporting Person

/s/ Neil W. Duffin

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.