FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	OF	CHANGES	IN BEN	JEFICIAL	OWNER!	SHIP
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OMB APPROVAL OMB Number: 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*     Colton William M					2. Issuer Name <b>and</b> Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ]								(Ch	neck all app Direct	olicable) ctor	Ü		Owner	
	ast) (First) (Middle)  O EXXON MOBIL CORPORATION  Solution 1 (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 12/06/2011									X Officer (give title Other (specify below)  Vice President					
(Street) IRVING (City)	T>		75039-2 ————————————————————————————————————	298	4. If <i>i</i>	Amen	dment,	Date o	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				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transac Date (Month/Da	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o (D)	r Pı	ice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock			12/06/2011					F		3,518	D	\$	74.55	140	140,984		D		
Common	Stock														1	50		I	By Dependent Child
Common Stock													8,315.7607			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)	Derivative Conversion Date Execution or Exercise (Month/Day/Year) if any		on Date,	Code (Instr.				6. Date Exerc Expiration Da (Month/Day/Y		te Amount of Securities Underlying Derivative Security (Ir and 4)		at of ties ying tive ty (Ins	tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Num of Shar						

**Explanation of Responses:** 

/s/ Jerry D. Miller by Power of 12/08/2011 **Attorney** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).