FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Vashington, | D.C. | 20549 | |
|-------------|------|-------|--|
| vasimigton, | D.O. | 200-0 | |

OMB APPROVAL

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| l | OMB Number: | 3235-0287 |
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hours per response:

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

| | | | | , | oi Seci | 1011 30(11) 0 | JI LIIC | investment C | onipany Act | 01 1340 | | | | | | |
|---|---|--|------------------------------------|----------------------------|--|-------------------------------|------------------------------------|--------------------------|---|-----------------|---|--|--|--|-----------|--|
| 1. Name and Address of Reporting Person* MCKINNELL HENRY A | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP XOM | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| MCKII | NELL II | EINKI A | | - | | | | | - | | 7 | Director | | 10% Ow | ner | |
| (Last) | (Fi | / | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2006 | | | | | | | Officer (give title Other (spe below) below) | | | pecify | |
| C/O EXX | ON MOBI | L CORPORATION | ON | | | | | | | | | | | | | |
| 5959 LAS COLINAS BLVD. | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | 2 | | ed by One Rep | orting Person | | |
| IRVING TX 75039-2298 | | | | | | | | | | | | _ | rm filed by More than One Reporting | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | | reisuii | | | | |
| | | Tal | ble I - Non-I | Derivati | ve Se | curities | s Ac | quired, Di | sposed c | f, or Be | neficially | Owned | | | | |
| Date | | | . Transactio Date Month/Day/ | Execution Day/Year) if any | | ecution Date, Transaction Dis | | n Dispose | curities Acquired (A) o osed Of (D) (Instr. 3, 4 | | Beneficial Owned Fo | Form (D) or | : Direct I r Indirect E str. 4) | 7. Nature of ndirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 ar | | (| Instr. 4) | |
| | | | Table II - De | | | | | uired, Dis , options, | | | | Owned | , | · | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Conversion Date Execution Date, if any Price of Derivative Conversion Date Execution Date, if any (Month/Day/Year) | | Code | ansaction Derivative ode (Instr. Securities | | Expiration Date (Month/Day/Year) U | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of 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) | | |
| | | | | | · V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Notional Stock Units with Dividend | (1) | 06/30/2006 | | A | | 418.583 | | (2) | (2) | Common Stock | 418.583 | \$61.885 | 5,297.435 | D | | |

Explanation of Responses:

- 1. Notional units convert to common stock on a 1 for 1 basis.
- 2. To be settled in cash in one or more installments following retirement.

Jerry D. Miller by Power of <u>Attorney</u>

07/03/2006

** 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.