FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

X to Section 16. Form 4 or Form 5 obligations may continue. See						IT OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 32 Estimated average burder hours per response:			
Instruc	tion 1(b).			Filed	pursuar or Sec	nt to S ction 3	ection 16(a) 0(h) of the In	of the Se vestmer	ecuriti nt Con	es Exchang npany Act o	e Act of 19 f 1940	934					0.5		
	nd Address of <u>Bryan W</u>			me and Tick [<u>MOBIL</u>					heck all ap Dire		•	erson(s) to I 10% O Other (
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2020										below)			
(Street)						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					
IRVING	ТХ	4 7	/5039-22	.98										Form filed by More than One Re Person			orting		
(City)	(St	ate) (2																	
		Table	I - Nor	-Deriva	tive S	ecur	ities Acq	uired,	Dis	oosed of	, or Ber	nefici	ally Ow	ned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Exec if any	Deemed ution Date, / th/Day/Year)	3. Transa Code (8)		4. Securitie Disposed (5)					For (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Trans	action(s) 3 and 4)			(Instr. 4)		
		Ta					ies Acqui varrants,							ed					
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction of			6. Date Exercisable and Expiration Date (Month/Day/Year) Merlying Derivative Security (In 3 and 4)				of s ng e	8. Price o Derivative Security (Instr. 5)		ive ies ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			

				of (D) (Instr. 3, 4 and 5)				5 anu 4)		Transaction(s) (Instr. 4)	
		Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Explanation of Responses:

/s/ C. K. Guild by Power of

Attorney

09/01/2020

** 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.