FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPRO)VAL
	OMB Number:	3235-0287
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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

1. Name and Address of Reporting Person* Franklin Robert Stuart				2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]									Check all a Di	hip of Report pplicable) ector icer (give title		g Person(s) to Issuer 10% Owner Other (specify			
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 12/06/2011										ow) Vice Presid		below)	
(Street) IRVING (City)	T>		75039-22 Zip)	298	4. If A	If Amendment, Date of Original Filed (Month/Day/Year)									ine) X Fo	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative	Seci	uritie	s Acc	uired	. Dis	posed o	f. or	Bene	efici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			tion 2A. Deemed Execution Date,		ed Date,	3. 4. Securiti Transaction Disposed Code (Instr. 5)		ties Acquired (A)			5. Ar d Secu	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D) Prio		Price	Tran	saction(s) : 3 and 4)			(msu. 4)	
Common Stock 12/0						2011			F		3,978]	D	\$74.	55	148,593		D	
Common												3,	3,807.8092		I	By Employee 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. Deen Executio if any (Month/D	n Date,	4. Transac Code (Ir 8)			ative rities ired osed	6. Date I Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3	8. Price of Derivative Security (Instr. 5)		y Di	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)			Expiration Date	Title	or	ount nber res					

Explanation of Responses:

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

12/08/2011

** Signature of Reporting Person

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.