FORM 4

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

OMB APPROVAL

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| 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 |

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

| 1. Name and Address of Reporting Person [*] Balagia S Jack | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXXON MOBIL CORP</u> [XOM] | | ationship of Reporting Pe k all applicable) Director | erson(s) to Issuer 10% Owner |
|--|--------------|------------|--|--------------------------------------|--|---------------------------------|
| | | | _ | | Officer (give title below) | Other (specify below) |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | , | , |
| | N MODIL CODE | | 12/03/2012 | | Vice President & 0 | Gen. Counsel |
| C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD | | | | | | |
| | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | 6. Individual or Joint/Group Filing (Check Applica | |
| (Street) | | | | Line) | | |
| IRVING TX | 75039-2298 | | | K Form filed by One Reporting Person | | |
| | 17 | 73039-2298 | _ | | Form filed by More th Person | an One Reporting |
| (City) | (State) | (Zip) | | | | |

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

| Table 1 Non Bernative Geournies Adquired, Disposed of, of Beneficially Office | | | | | | | | | | | |
|---|--|---|------|---|------------------------------|---------------|----------|---|---|---|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |
| Common Stock | 12/03/2012 | | F | | 2,005 | D | \$88.115 | 146,261 | D | | |
| Common Stock | | | | | | | | 4,669.156 | Ι | By Savings Plan | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (e.g., puts, cails, warrants, options, convertible securities) | | | | | | | | | | | | | | - | | | |
|--|---|---|--|--|--|---|---------------------------------|--|---------------------|---|-------|---|--|--|--|--------|--|
| | 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | 4. 5. Number Transaction of Code (Instr. Derivative 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4) and 5) | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | t I | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

/s/ Jerry D. Miller by Power of 12/05/2012

<u>Attorney</u>

** 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.