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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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| hours per response: | 0.5 |
| | |

| | ddress of Reporting I | Person* | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|------------------------|-----------------------|-------------------|---|--|--|--|--|--|--|
| Colton Wi | <u>lliam M</u> | | | Director 10% Owner | | | | | |
| (1 +) | (5: | (1.4:-1-11-) | 3. Date of Earliest Transaction (Month/Dav/Year) | X Officer (give title Other (specify below) | | | | | |
| (Last) | (First) | (Middle) | 02/24/2011 | Vice President | | | | | |
| C/O EXXO | N MOBIL CORP. | | | | | | | | |
| 5959 LAS COLINAS BLVD. | | | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | 75039-2298 | | X Form filed by One Reporting Person | | | | | |
| IRVING | TX | /3039-2290 | _ | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | | | | | | | |
| | | Table I - Non-Der | ivative Securities Acquired, Disposed of, or Bene | eficially Owned | | | | | |

| | · · · · | | | | | | | | | | | |
|---------------------------------|--|---|------------------------------|---|--|---------------|---|---|---|-----------------------|--|--|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 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 | 02/24/2011 | | S | | 9,893 | D | \$86.1942 | 119,059 | D | | | |
| Common Stock | | | | | | | | 8,171.7014 | I | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 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) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

/s/ William M. Colton

02/25/2011 Date

** Signature of Reporting Person

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

 \ast 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.