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							

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* Rosenthal David S					2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]											ck all app Dired	ector		10% C	wner
		rst) (L CORPORATI S BOULEVARI			02/0)3/2	015		nsaction (Month/Day/Year)						X	Vic	e Presider	Other below nt and Controll		er
(Street) IRVING	Т		75039-22	298	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	ndividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person				on
(City)	(St		Zip)			0-		- 0 -				_			-:	. 0				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			ction 2A. Deeme		ed Date,	3. Transaction Code (Instr.						or 5. Amoun 4 and Securities Beneficia Owned Fo		ınt of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount (A) o		(A) or (D)	Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 0			02/03/	2015				G	V	300		D		(1)	5,637			I :	By Revocable Trust	
Common	Stock			02/03/	2015				G	V	250		D		(1)	5,	,387		I :	By Revocable Trust
Common Stock															14	4,400		D		
Common Stock														22,180.7706		I		By Savings Plan		
		Та	ıble II -	Derivati (e.g., pu	ve So	ecu alls	rities ,	Acqu ants,	ired, D option	ispo ns, c	osed of, onvertib	or ole	Bene secu	eficia ritie:	ally (s)	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	ned n Date,	4. Transact Code (In		5. Number			Exerci	sable and te	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		nd of s ng e	8. De Se (In	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Ind (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)		Date Exercisa		Expiration Date			moun or lumbe of Shares						

Explanation of Responses:

No consideration received.

/s/ David S. Rosenthal

02/04/2015

** Signature of Reporting Person

Date

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

- * 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.