FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549	

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Kelly Alan J					2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]										(Check all app Direct		olicable) ctor		Owner
	(Fii XON MOBI S COLINA	L CORPORATI	Middle) ON		3. Date of Earliest Transaction (Month/Day/Year) 12/15/2009										X Officer (give title Other (spec below) Vice President				
(Street) IRVING (City)	T>		75039-229 Zip)	98	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efic	ially	Owne	ed		
		2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.							ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v			(A) or (D)	Pri	се	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	nmon Stock		12/15	12/15/2009				G	V	300		D	Τ	(1)		14,679	D		
Common	mon Stock		12/15/2009					G	v	300		A		(1)	3,050		I	By Family Trust	
Common	Stock															1,1	07.353	I	By Savings Plan
		Та	ble II - I								sed of, onvertib					wned			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Year)			ed Date,	4. Transaction Code (Instr.		5. Nu	mber rative rities ired r osed	6. Date Expiration	5. Date Exercisable Expiration Date (Month/Day/Year)			ole and 7. Title and Amount of		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	or Nu of	nount mber ares	r						

Explanation of Responses:

1. No consideration received or given.

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

12/17/2009

** 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.