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* <u>Duffin Neil W</u>						2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
()						3. Date of Earliest Transaction (Month/Day/Year) 12/02/2013								7	X Officer (give title Other (specify below) Executive Officer					
(Street) IRVING (City)	T>		75039-2 Zip)	298	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quirec	d, Dis	sposed o	f, or I	Benef	iciall	y Own	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o			and Securities Beneficially Owned Following		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership					
										v	Amount	(A) (D)	Pri	се	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock			12/02/			F		8,202	D	\$9	93.91	354,136		D						
Common Stock														6,631		I	By Family Trust			
Common Stock													2,123.6368		I	By Savings Plan				
Common	Stock														2	190	I	By Trustee For Dependent Child 1		
Common Stock														2	190	I	By Trustee For Dependent Child 2			
		Та	ıble II -								osed of,				Owned					
			Transa Code (8)	Instr.	of	ired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		r. 3	3. Price of Derivative Security Instr. 5) Security Beneficia Owned Following Reported Transacti (Instr. 4)		Owners Form: Direct (or Indir (I) (Inst	Beneficial Ownership ect (Instr. 4)					

Explanation of Responses:

/s/ Jerry D. Miller by Power of Attorney 12/04/2013

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).