FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

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

| UNID APPRI | UVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| Name and Address of Reporting Person* Ebner Randall M | | | | | EXXON MOBIL CORP [XOM] | | | | | | | | | (Cr | neck all app Direc | olicable) | | Owner r (specify | |
|--|--------------|-------------------------------------|----------------|---|--------------------------|--|------|--|---------------------------|------------|---|------------------|---------------------------------|---|---|--|---|------------------------|--|
| | | L CORPORATI | | | | ate of I | | t Trans | nsaction (Month/Day/Year) | | | | | | ^ belo | w) Ü | belov & Gen. Cou | v)` | |
| 5959 LAS COLINAS BOULEVARD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) IRVING | TΣ | ζ 7 | 75039-22 | 298 | | | | | | | | | | | Forn | n filed by Mo | e Reporting Pe re than One Re | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Person | | | | |
| | | | e I - No | | | _ | | | 1 | , Dis | posed o | | | | _ | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | A) or , 4 and | Benefic Owned | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Reporte Transac (Instr. 3 | tion(s) | | (Instr. 4) | | | |
| Common | mmon Stock | | | | | | | | | | | | | 1,142 | | I | By Trust for dependent child 2 | | |
| Common | Stock | | | | | | | | | | | | | | 278,2 | 26.277 ⁽¹⁾ | D | | |
| Common | mmon Stock | | | | | | | | | | | | | 1 | ,142 | I | By Trust for dependent child 1 | | |
| Common | ommon Stock | | | | | | | | | | | | | | 1,0 | 585 ⁽²⁾ | I | By Spouse's GRAT | |
| Common Stock | | | | | | | | | | | | | | | | 112 | I | By Spouse - IRA | |
| Common | Common Stock | | | | | L | | | | | | \perp | | | 1,685(2) | | I | By GRAT | |
| Common Stock | | | | | | | | | | | | | | 56,648.5891 | | I | By Savings Plan | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security 1. Title of Conversion or Exercise Price of Derivative Security 1. Title of Date (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Year) | | | ned n Date, | 4. Transaction Code (Instr. 8) | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 1 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Explanation | n of Respons | es: | | | _ | _ | | | _ | | | | _ | | | | | _ | |

1. Direct shareholdings include 123 shares in joint ownership with reporting person's spouse. Also includes transfer of 2,400 shares previously held indirectly by GRAT and 2,400 shares previously held indirectly by spouse's GRAT.

2. Reflects 2,400 shares transferred to direct shareholdings.

12/18/2019 /s/ Randall M. Ebner

** 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.