FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C | C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burd | en | | | | | |
| 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>Greenlee Stephen M</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | (Check | all app Direc | olicable) ctor | ng Perso | Person(s) to Issuer 10% Owner Other (specify) | | | |
| (Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2012 | | | | | | | | | | | X Officer (give title Other (special below) Vice President | | | | | |
| (Street) IRVING (City) | ТУ | ζ 5 | 75039-22° | 98 | 4. If | f Am | endmer | nt, Date | of Origina | l Filed | d (Month/Da | ay/Ye | ear) | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | | Tabl | le I - Nor | า-Deriv | ative | Se | curit | es Ac | quired | , Dis | posed c | of, o | r Ben | efic | ially | Owne | ed | | | | | |
| indication of the state of the | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 4 and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | Amount | | Pric | e | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | | 12/12/2012 | | 2 | | | G | V | 309 | 309 D | | | (1) | 182,675 | | I |) | | | |
| Common Stock | | | | | | | | | | | | | | | | 13,016.5191 | | 1 | I | By Savings Plan | | |
| Common Stock | | | | | | | | | | | | | | | 58 | | 584 | 1 | I | By Spouse | | |
| | | Та | able II - I | | | | | | | | sed of, onvertib | | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Exe (Month/Day/Year) if a | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | of | | Exerci: on Dat Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Deri Sec (Inst | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ow For Dire or I (I) (| nership m: ect (D) ndirect Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | | | Date Exercisa | | Expiration Date | Titl | or Nu of | ount mber ares | | | | | | | | |

Explanation of Responses:

1. No consideration received.

/s/ Stephen M. Greenlee

12/14/2012

** 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.