FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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* REINEMUND STEVEN			2. Date of Event Requiring Staten Month/Day/Year 05/30/2007	nent	3. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]							
	(First) MOBIL CORF DLINAS BLVD		30, 30, 2 00,		Relationship of Reporting Pers (Check all applicable) X Director Officer (give title)	on(s) to Issuer 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year) 05/31/2007				
(Street) IRVING (City)	TX (State)	75039-2298 (Zip)				below)	below)	- 7		icable Line) Form filed b	/Group Filing (Check y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						2,200	I		By Family Trust ⁽¹⁾			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expira			Expiration D			tle and Amount of Securi erlying Derivative Securi	ecurity (Instr. 4) Co		rsion rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	on Title		Amount or Number of Shares	Price of Derivation Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

1. Held by trust of which the reporting person's mother-in-law is the beneficiary and spouse is a trustee. These shares were omitted from the initial Form 3.

Steven S Reinemund 01/11/2008

** 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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).