FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
OMB Number:	per: 3235-0104				
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

Name and Address of Reporting Person*     DuCharme Linda D			2. Date of Event Requiring Statement (Month/Day/Year) 04/01/2019  3. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ]							
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD		-		4. Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below) Executive Officer	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person			
(Street) IRVING (City)	TX (State)	75039-2298 (Zip)						_	by More than One	
			Table I - Nor	n-Derivati	ve Securities Beneficially	y Owned				
1. Title of Security (Instr. 4)				eneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		t Beneficial Ownership			
Common Stock					178,335.8589(1)	D	D			
Common Stock					16,650	I		Indirect by Spouse		
Common Stock					9,901.1337	I		By Savings Plan		
Common Stock					7,622.9899	I	Sav	Savings Plan-by Spouse		
		(e			Securities Beneficially ( nts, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)			ate	nd 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversior or Exercise Price of	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)		

## Explanation of Responses:

 $1.\ Direct shareholdings\ include\ 44,285\ shares\ in\ joint\ ownership\ with\ reporting\ person's\ spouse.$ 

<u>/s/ Linda D. DuCharme</u> <u>04/02/2019</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.