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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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IENT OF CHANGES IN BENEFICIAL OWNERSHIP						
	hours per response:	0.5				
	le)	o Issuer				
	5. Relationship of R (Check all applicabl	5. Relationship of Reporting Person(s) tr (Check all applicable)				

Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)		5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial	
		Table I - Non-	Derivative S	ecurities Acq	uired, Disp	oosed of, or Benef	ficially	/ Owned			
(City)	(State)	(Zip)									
(Street) IRVING	TX	75039-229				()	Line)	Form filed by Or Form filed by Mo Person	ne Reporting Per	rson	
5959 LAS C	OLINAS BLVD		4. If A	mendment. Date of	f Original Filed	(Month/Day/Year)	6. Indi	vidual or Joint/Grou	up Filing (Check	Applicable	
C/O EXXON	MOBIL CORP	ORATION	04/01	/2021				Vice President			
(Last)	(First)	(Middle)	3. Date	e of Earliest Transa	action (Month/	Day/Year)	x	Officer (give title below)	e Other below	(specify /)	
1. Name and Ad Duffin Ne	ddress of Reporting <u>il W</u>	Person [*]		ier Name and Tick <u> KON MOBIL</u>	0		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				

					nth/Day/Year)	8)		5)			Owned Following Reported		(I) (Instr. 4)	Ownership (Instr. 4)	
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(1150.4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security	2. Conversion	3. Transaction Date	3A. Deemed Execution Date,	4. Transaction		6. Date I Expirati			7. Title an Amount o		Price of erivative	9. Number o derivative	of 10. Ownership	11. Nature of Indirec	

Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)	Code (Instr. 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/Year)		Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

Explanation of Responses:

/s/ C. K. Guild by Power of <u>Attorney</u>

** Signature of Reporting Person Date

04/01/2021

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

STATEMENT

 \ast 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.