FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average I | nurden | | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to | | | | | | | |
|--------|--|--|--|--|--|--|--|--|
| \neg | Section 16. Form 4 or Form 5 | | | | | | | |
| J | 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 | CCIIO | 11 30(11) | OI LIIC | investin | CIII CI | onipany Act | 01 1340 | | | | | | | | |
|--|----|------|-----------------|------------------------------|-------|--|-----------|---|----------|---|-------------|--|--|-----------------|--|---|-----|--|--|--|
| Name and Address of Reporting Person* Colton William M | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | eck all app Direc | olicable) ctor | | | Owner | |
| (Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2014 | | | | | | | | | | X Officer (give title Other (specify below) Vice President | | | | |
| (Street) IRVING (City) | T) | | 75039-2 Zip) | 2298 | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | son | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | curitie | s Ac | quirec | l, Di | sposed o | f, or E | 3enefi | ciall | y Own | ed | | | | |
| Date | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5) | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o | Price | e | Transaction(s) (Instr. 3 and 4) | | | | (111301. 4) | |
| Common Stock | | | 12/01/ | 12/01/2014 | | | | F | | 4,049 | D | \$90 |).98 | 198,662 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | 150 | | | I | By Dependent Child | | |
| Common Stock | | | | | | | | | | | | | | 8,998.4702 | | I | | By Savings Plan | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Security Or Exercise (Month/Day/Year) Exercise | | | | med on Date, Day/Year) | | ansaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exercion Da /Day/Y | | 7. Title Amoui Securi Under Deriva Securi and 4) | nt of ties lying tive ty (Instr. | Di Si (II | B. Price of Derivative Gecurity Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | | | |

Explanation of Responses:

/s/ Jerry D. Miller by Power of Attorney

12/03/2014

Date

** Signature of Reporting Person

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.