Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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* CRAMER HAROLD R | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | | eck all app Direc | icable) tor er (give title | ng Pers | 10% Ov Other (s below) | vner |
|--|---|--|--|-----------------------------|-------------------------------------|--|-----|-----|--|------------------|---|------------------|-------------------------------|---|--|---|--|---|--|--|
| (Last) (First) (Middle) C/O EXXON MOBIL CORP 5959 LAS COLINAS BLVD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/25/2003 | | | | | | | | | | below) below) Vice President | | | | |
| (Street) IRVING TX 75039-229 (City) (State) (Zip) | | | | 98 | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | e) <mark>X</mark> Form Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Trans Date (Month/ | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | | 3. Transaction Code (Instr. | | | | | Benefic | ies cially Following | s Form ally (D) o ollowing (I) (Ir | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | С | ode | V | Amount | | (A) or (D) | Price | Transa | ction(s) and 4) | | | (111511.4) |
| Common Stock | | | | | 11/25/2003 | | | | A | A ⁽¹⁾ | | 62,70 | 00 | A | (1) | 323,563 | | D | | |
| Common Stock | | | | | | | | | | | | | | | | 5,56 | 60.4626 | | I | By Savings Plan |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactio Code (Ins 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | | Amor Secu Unde Deriv | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | | xpiration ate | Title | O N | Amount or Number of Shares | | | | | |
| Notional Stock Units w/Dividend Equivalent | (2) | | | | | | | | | (3) | | (3) | Comi | | (2) | | 33,588.2 | :627 | D | |

Explanation of Responses:

- 1. Restricted stock grant
- 2. Convert to common shares on a 1 for 1 basis
- 3. To be settled in cash in one or more installments following retirement

Jerry D. Miller by Power of Attorney

11/28/2003

** 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.