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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burde | en | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting $Person^*$ | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--------------|--------------------------------------|---|--|--|--|--|--|--|
| <u>Milton Br</u> | <u>yan W</u> | | EAAON MODIL CORP [XOM] | Director 10% Owner | | | | | |
| | | | - | X Officer (give title Other (specify | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | below) below) | | | | | |
| C/O EXXON MOBIL CORPORATION | | | 12/05/2017 | Vice President | | | | | |
| 5959 LAS COLINAS BOULEVARD | | EVARD | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | Line) | | | | | |
| IRVING TX 75039-2298 | | X Form filed by One Reporting Person | | | | | | | |
| | | | _ | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Table 1- Non-Derivative Securities Acquired, Disposed of, or Denencially Owned | | | | | | | | | | |
|--|------------|---|---|-------|--|---|----------|---|---|---|
| 1. Title of Security (Instr. 3) Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | Code V Amount (A) or Pric | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | | |
| Common Stock | 12/05/2017 | | S | | 5,312 | D | \$83.325 | 201,331.2091 | D | |
| Common Stock | | | | | | | | 250 | I | By Dependent Child 1 |
| Common Stock | | | | | | | | 250 | I | By Dependent Child 3 |
| Common Stock | | | | | | | | 250 | I | By Dependent Child 2 |
| Common Stock | | | | | | | | 3.9418 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect 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>

12/06/2017

** 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.