FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
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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* Williams Jack P Jr			2. Date of Event Requiring Staten (Month/Day/Year 06/01/2014	ment FXXON MORIL CORP [YOM]						
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) 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 Form filed by More than One Reporting Person		
(Street) IRVING TX 75039-2298 (City) (State) (Zip)					Senior Vice President		1 '			
			Table I - Non	-Derivativ	ve Securities Beneficiall	y Owned	<u> </u>			
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					129,145	D				
Common Stock					7,590.6673	I		By Savings Plan		
Common Stock					278	I		By Dependent Child 1		
Common Stock					278	I		By Dependent Child 2		
Common Stock					278	I		By Dependent Child 3		
		(6			Securities Beneficially onto		s)			
1. Title of Derivative Security (Instr. 4) 2. Date Exerc Expiration Do (Month/Day/N		ate	Underlying Derivative Security (Instr. 4) Conve		Conversion or Exercise	on Ownership Benefi se Form: (Instr.	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Jack P. Williams, Jr.

06/06/2014

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).