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 burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

| Name and Address of Reporting Person* Talley Darrin L | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | 5. Relationship of Repor (Check all applicable) Director | | | 10% Ov | | | | | |
|--|--|--|---|--|---|---|------------|--|-------------------------------|--|--|-----|--|------------------------------|---|----|---|--|--|
| (Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/25/2022 | | | | | | | | Vice President | | | | | | | | |
| (Street) IRVING | | | 5093-2298 | 4. If Amendment, Date of | | | | te 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 | | | | | | |
| (City) | (Sta | | Zip) | 41110 1 | tive Securities Acquired, Disposed of, or Benet | | | | | | | | Ils Cours | - d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | 2. Transaction | 2/ Exar) if | A. Deeme Execution f any Month/Da | ed Date, | 3. 4. | | 4. Securities Acquired (A) or | | ed (A) or | | 5. Amoun Securities Beneficia Owned Fo | t of S Ily ollowing | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transacti (Instr. 3 a | on(s) | (Instr. | 4) | (Instr. 4) | | |
| Common | Stock | | 11/25/202 | 2 | | | F | | 2,161 | D | \$113. | 17 | 123,88 | 9.3012 | 1 | D | | | |
| Common | Stock | | 11/28/2022 | 2 | | | F | | 4,880 | D | \$113.8 | 335 | 119,00 | 9.3012 | 1 | D | | | |
| Common | Stock | | | | | | | | | | | | 10 | 00 | | I | By Dependent Child | | |
| Common | Stock | | | | | | | | | | | | 25,3 | 363 | | I | By Revocable Trust ⁽¹⁾ | | |
| Common | Stock | | | | | | | | | | | | 5,919 | .1275 | | 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 | saction (Instr. | 5. Numb of Derivativ Securitii Acquire (A) or Dispose of (D) (Instr. 3, and 5) | ve (Modes) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | d 7. T Am Sec Unc Der Sec 3 ar | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amount or Number of Title Shares | | 8. Price of Derivative Security (Instr. 5) 9. Numb derivativ Securitit Benefici Owned Followir Reporte Transac (Instr. 4) | | ore Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Beneficial Ownership ct (Instr. 4) | | |

Explanation of Responses:

1. Shares held jointly with spouse

/s/ Cynthia K. Guild by Power

11/29/2022

of Attorney ** 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.