FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number: 3235-02								
Estimated average	burden							
hours per response	. 05							

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

1. Name and Address of Reporting Person* Carr Ian S (Last) (First) (Middle)				Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] 3. Date of Earliest Transaction (Month/Day/Year)								below)					10% Owner Other (specify below)		
C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD					11/27/2020								Vice President						
(Street) IRVING (City)	TX (Sta		/5039-2 Zip)	2298	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	I - No	n-Deriva	tive S	Secui	rities Ac	quire	d, Dis	sposed of	, or Be	enefic	ially	Own	ed				
Date			2. Transacti Date (Month/Day	Execution Date,		Transaction Disposed Code (Instr. 5)		4. Securities Disposed Of 5)		nd S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									v	Amount	(A) or (D)	Price	- 1-	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/27/2				11/27/20)20			F		2,586	D	\$41.	145	5 121,628			D		
Common Stock 11/30				11/30/20)20		F		4,536	D	\$40.4	405	5 117,092		D				
Common Stock														11,290.8225		I		By Savings Plan	
		Tal	ble II -							osed of, convertib				wne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	tion Date,		ransaction of Code (Instr. Derivative		6. Date Exercisab Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)	Date Exerc	isable	Expiration Date		Amount or Number of Shares	1						

Explanation of Responses:

/s/ C. K. Guild by Power of **Attorney**

12/01/2020

** 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.