FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person*  Balagia S Jack  (Last) (First) (Middle)  C/O EXXON MOBIL CORPORATION					3. D	Solution 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ]      Solution 3. Date of Earliest Transaction (Month/Day/Year) 10/07/2016								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title below) below)  Vice President & Gen. Counsel			
5959 LAS COLINAS BOULEVARD  (Street) IRVING TX 75039-2298  (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. 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 - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					action	Execution Date,			3. Trans Code	3. 4. Securi Transaction Disposed Code (Instr. 5)			of, or Beneficial ities Acquired (A) or d Of (D) (Instr. 3, 4 and			ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
Common Stock 10/07					7/2016	2016		Code	v v	Amount 575	(D)		Price	(Instr.	action(s) 3 and 4)	D	(Instr. 4)	
Common Stock														5,	773.112	I	By Savings Plan	
		Та	ıble II - C								sed of, onvertib				Owned			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution D or Exercise (Month/Day/Year) if any			Date, Transactio			n of		6. Date E Expiratio (Month/D	•	d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		(	. Price of Perivative ecurity nstr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber				

## **Explanation of Responses:**

1. No consideration received.

/s/ S. Jack Balagia

10/17/2016

\*\* 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.