## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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*  LONGWELL HARRY J   |  |        |    |                        |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  EXXON MOBIL CORP [ XOM ] |     |   |                                    |                                      |                    |   |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |  |  |
|--|--|--------|----|------------------------|--|--|-----|---|------------------------------------|--------------------------------------|--------------------|---|--|--|---|---|---|--|--|
| LONGWELLHARRIJ   |  |        |    |                        |  |  |     |   |                                    |                                      |                    |   |  | X Dire   | ctor  | 10%   | Owner   |  |  |
| (Last) (First) (Middle)  |  |        |    |                        | 3. D   | Date of Earliest Transaction (Month/Day/Year)                                |     |   |                                    |                                      |                    |   |  | +  | X Officion below  | er (give title<br>w)  | Othe<br>belov   | (specify<br>v)   |  |
| C/O EXXON MOBIL CORP   |  |        |    |                        |  | 12/31/2004   |     |   |                                    |                                      |                    |   |  |  | I   | Executive V   | ice Presiden  | t  |  |
| 0,0  |  |        |    |                        |  |  |     |   |                                    |                                      |                    |   |  |  |   |   |   |  |  |
| 5959 LAS COLINAS BLVD  |  |        |    |                        |  |  |     |   |                                    |                                      |                    |   |  | +  |   |   |   |  |  |
| (Street)   |  |        |    |                        | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |     |   |                                    |                                      |                    |   |  | Individual or Joint/Group Filing (Check Applicable Line) |   |   |   |  |  |
| IRVING TX 75039-22   |  |        | 98 |                        |  |  |     |   |                                    |                                      |                    |   |  | X Form filed by One Reporting Person                     |   |   |   |  |  |
|  |  |        |    |                        |  |  |     |   |                                    |                                      |                    |   |  | Form filed by More than One Reporting<br>Person          |   |   |   |  |  |
| (City)   | (St  | ate) ( |    |                        |  |  |     |   |                                    |                                      |                    |   | reis                                       | SOIT   |   |   |   |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |        |    |                        |  |  |     |   |                                    |                                      |                    |   |  |  |   |   |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |  |        |    |                        |  | ay/Year)   Exe   |     | A. Deemed<br>execution Date,<br>any<br>Month/Day/Year |                                    | Transaction Disposed Code (Instr. 5) |                    |   | ties Acquired (A)<br>I Of (D) (Instr. 3, 4 |  | d Secur<br>Benef  | icially<br>d Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|  |  |        |    |                        |  |  |     | Code  | v                                  | Amount                               | (A                 | ) or<br>)   | Price                                      | Trans  | action(s)<br>3 and 4)   |   | (111511.4)  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |        |    |                        |  |  |     |   |                                    |                                      |                    |   |  |  |   |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | Title of 2. 3. Transaction 3A. Deem Execution bate Execution or Exercise (Month/Day/Year) if any |        |    | ed 4.<br>Trans<br>Code |  | nsaction le (Instr. Secu Acqu (A) o Disp of (D (Instr and !                  |     | ative<br>rities<br>ired<br>osed                       | 6. Date E<br>Expiratio<br>(Month/D | n Dat                                |                    | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or |  | r. 3<br>int  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                     | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |        |    |                        | Code   | v  | (A) | (D)   | Date<br>Exercisa                   |                                      | Expiration<br>Date | Title   | Numl<br>of<br>Share                        |  |   |   |   |  |  |

**Explanation of Responses:** 

Jerry D. Miller by Power of <u>Attorney</u>

01/04/2005

Date

\*\* Signature of Reporting Person

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.