FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average burd	len
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* Woods Darren W						2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]									5. Relationship of Reportir (Check all applicable) X Director			10%	Owner
(Last) (First) (Middle) EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 12/03/2018									X	Office below	,	Othe belov a and CEO	r (specify v)
(Street) IRVING (City)	Street) IRVING TX 75039-2298					4. If Amendment, Date of Original Filed (Month/Day/Year)									Indivi ne) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative S	Secu	rities	s Acq	uired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				and 5) Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount (A) or (D)		or	Price	- 1	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 12/03/2						2018			F		4,880		D	\$78.985		647,240		D	
Common Stock																8,875.1376		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)	Conversion Date Execution Date, Tr or Exercise (Month/Day/Year) if any Co				4. Transact Code (In: 8)	ion str.	of		6. Date E Expiratio (Month/D	n Dat			str. 3	8. Pric Derivi Secur (Instr.		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	,	(A)				Expiration Date	Title	or Nun of	mber ares							

Explanation of Responses:

/s/ C. K. Guild by Power of

12/04/2018

<u>Attorney</u>

** Signature of Reporting Person

n 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.