FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL						
	OMB Number:	3235-0287						
	Estimated average burden							
l	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

					<u> </u>			0			прапу Аст											
1. Name and Address of Reporting Person* <u>Schleckser Robert N</u>						2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]											ionship of Reportin all applicable) Director		10% C	Owner		
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 08/05/2019										belov						
(Street) IRVING (City)	Street) RVING TX 75039-2298				4. If Amendment, Date of Original Filed (Month/Day/Year)										Indiv ne) X	Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son					
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	es Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally (Owne	ed					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution if any		xecution Date,				ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Sec Bei Ow		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	(<i>A</i>	A) or D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(30. 4)					
Common	Stock			08/05	/2019				S		9,345		D	\$70	.84	18	89,800 D					
Common Stock															21,954.3605			I	By Savings Plan			
		Та									sed of, onvertib				y Ov	vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)	action Instr.	nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expiratic (Month/D	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares		ount nber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Oir or (I)	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

/s/ Robert N. Schleckser

08/05/2019

** Signature of Reporting Person Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

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.

^{*} 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).