FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

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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

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1. Name and Address of Reporting Person* <u>Hansen Neil A</u>						2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ]									Check a	tionship of Reporti all applicable) Director Officer (give title		ng Per	10% C	wner
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 12/10/2019										belov	fficer (give title Other (spelow)  Vice President and Secretary			
(Street) IRVING (City)	Street) RVING TX 75039-2298				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individ ne) X	Forn Forn	ral or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - Nor	n-Deriv	ative	Se	curiti	es Acc	quired,	Disp	osed o	f, or	Ben	eficia	ally O	wne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Exection   Exection		A. Deemed execution Date, any Month/Day/Year)		Transaction Dispos		rities Acquired (A) ed Of (D) (Instr. 3, 4			4 and Sec		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	Tran		action(s) . 3 and 4)			(111501.4)
Common	Stock			12/10	0/2019	9			S		3,630	)	D	\$7	0	4	5,800	5,800 D		
Common Stock																571.3247			I	By Savings Plan
		Та	ıble II - D								sed of, onvertib				y Owi	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Date,	Code (Inst				6. Date Exercis. Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	F C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of	nber ires						

Explanation of Responses:

/s/ Neil A. Hansen

12/10/2019

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).