FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20040	

OMB APPROVAL

OMB Number:	3235-0287							
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

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1. Name and Address of Reporting Person* RAYMOND LEE R						2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
RAYMOND LEE R											-			X	Director	rector		10% Ov	/ner	
(Last)	st) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)									Officer (give title below)			Other (s below)	pecify	
C/O EXXON MOBIL CORP					0	2/23/:	2004							Ch	iairman a	ınd Pro	esident			
5959 LA	S COLINA	S BLVD																		
					— 4.	If Am	endme	ent, Date o	f Origina	al File	d (Month/Da	y/Year)		5. Indiv _ine)	idual or Jo	oint/Group	Filing (Check App	licable	
(Street)															Form filed by One Reporting Person Form filed by More than One Reporting Person					
IRVING	T	X 	75039-22	298 	_															
(City)	(S	tate)	(Zip)												Person					
		Та	ble I - N	on-Dei	rivati	ve S	ecur	ities Ac	quire	l, Di	sposed o	f, or Be	nefici	ally (Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			und 5) Secu Bend Own		s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		ion(s)			(Instr. 4)			
Common Stock				02/23/2004					М		154,300	A	\$19.7	7344	2,689	9,400		D		
Common Stock			02/23/2004		4			S		43,200	D	\$42	\$42.4 2,6		6,200		D			
Common Stock			02/23/2004		4			S		3,600	D	\$42	\$42.41		42,600		D			
Common Stock		02/23/2004		4			S		4,400	D	\$42	\$42.42 2,63		88,200		D				
Common	Stock			02/2	3/2004	4			S		3,100	D	\$42	42.43 2		2,635,100		D		
Common	Stock			02/2	3/2004	4			S		100,000	D	\$42	2.65	2,535	,535,100 D		D		
Common	Stock														11,693.676			I	By Savings Plan	
Common Stock													312.23				By Spouse			
			Table II								posed of, converti				wned					
1. Title of	2.	3. Transaction	3A. Deeme		4.	, cai	Ť	umber of			isable and	7. Title an			3. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		n Derivative		Expiration Da (Month/Day/Y		te	of Securities Underlying Derivative Secu (Instr. 3 and 4)		5	Derivative Security Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactio	e Owners Form: Direct (or Indir g (I) (Insti	Ownership		
			_							Amour	nt]		(Instr. 4)							
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Or Number of Shar		;					
Employee Stock Option	\$19.7344	02/23/2004		M			154,30		11/29/1	996	11/29/2005	Common	154,3	800	\$19.7344	600,00	00	D		
(Right to Buy)	,							.,,,,,,	11/23/1390			Stock				000,000		_		

Explanation of Responses:

Lee R. Raymond

02/24/2004

** 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.