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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL 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*  Wascom Dennis G					EX	2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ]									(Check all D		p of Reportin blicable) ctor er (give title w)	g Perso	10% C	wner (specify
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/03/2016										50.0	Vice P	reside	,	
(Street) IRVING (City)	T>		75039-22 Zip)	98	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indivi .ine) X	Forn Forn	l or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting orson			
		Tabl	e I - Noi	n-Deriv	ative	Se	curiti	ies Ac	quired,	Dis	posed o	f, o	r Ben	efici	ally C	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code 8)						4 and Secur Benef Owner		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)	Price	, l·		ction(s) 3 and 4)			(Instr. 4)
Common Stock 02/03,				/2016	2016			S		2,600		D	\$7	78	167,126			D		
Common	Stock			02/04	/2016				S		2,600		D	\$7	9.8	16	54,526		D	
Common Stock													10,936.50		36.5014	I		By Savings Plan		
		Та	ble II - I )								sed of, onvertib					ned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execurity or Exercise (Month/Day/Year) if a		3A. Deem Execution if any (Month/Da	n Date, Transa Code (			n of Der Sec Acc (A) Dis of (	posed D) str. 3, 4	6. Date Expiration (Month/E	on Date	e ar)	Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

/s/ Dennis G. Wascom

02/04/2016

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.