FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Chapman Neil A</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | Owner |
|--|---|----|--|-------------------------|-------------------------------|--|---|-------------|--|-----------------------------|---|--|--|---|---|--|---|--|----------------------------|
| (Last) 5959 LA | (First) (Middle) S COLINAS BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/27/2018 | | | | | | | | X Officer (give title Other (specify below) Senior Vice President | | | | | |
| (Street) IRVING TX 75039-229 | | | | 2298 | 4. If | 4. If Amendment, Date | | | | of Original Filed (Month/Da | | | y/Year) 6. Inc Line) | | | | | | son |
| (City) | (St | | Zip) | lon-Deriv | ative | Sec | uritie | s Ar | auire | -d D | isnosed o | of or B | enefic | ·iall | , Own | -d | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Owned Follow | | ınt of es ially Following | 6. Owners Form: Dir (D) or Indi (I) (Instr. 4 | ect I rect I) (| 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 11/27/20 |)18 | | | | F | | 7,693 | D | \$76.7 | 275 | 28: | 2,452 | D | | |
| Common | Stock | | | | | | | | | | | | | | 9 | 965 | I | | By Dependent Child 1 |
| Common | Stock | | | | | | | | | | | | | | (| 529 | I |] | By Spouse |
| Common Stock | | | | | | | | | | | | | | 1, | 301 | I | | By Dependent Child 3 | |
| Common Stock | | | | | | | | | | | | | | 10,32 | 28.2658 | I | | By Savings Plan | |
| Common Stock | | | | | | | | | | | | | 1,301 | | I | | By Dependent Child 2 | | |
| | | Та | ble II | | | | | | | | posed of, convertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | titive Conversion Date Execution D ity or Exercise (Month/Day/Year) if any | | tion Date, | Date, Transa Code (I | | 5. Number of | | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | Own Forn Direc or In (I) (Ir | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

/s/ C. K. Guild by Power of <u>Attorney</u> ** Signature of Reporting Person

11/28/2018

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).

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.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).