FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
wasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

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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>UBBEN JEFFREY W</u>				2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]								heck all app	all applicable) Director		orting Person(s) to I 10% O		wner		
(Last) 1170 GO	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/02/2022							Office below				Other (specify below)			
(Street) SAN FRANCI	sco CA	Λ 9	4129	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta		Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Yea		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				Beneficially Owned Following		6. Owners Form: Dire (D) or Indirect (I) (Instr. 4)		ect Indirect Beneficial		
							Code	v	Amo	unt	(A) or (D)	Pri	ice	Reported Transaction(s) (Instr. 3 and 4)					
Common	Common Stock, without par value		02/02/2022			S		1,50	00,000	D	D \$80.05 ⁽		177,000		I		See footnotes ⁽²⁾⁽³⁾		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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/Year)	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed)	Expiration Date (Month/Day/Year) ed			ion Date Amount of		it of ies ying ive y (Instr.)	8. Price of Derivative Security (Instr. 5)	deriva Secur Benef Owner Follow Repor	ities icially d ving ted action(s)	Ownership Form: Direct (D)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code			Expiration Date	on Tit	0 N	Amount or Number of Shares									

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$79.93 to \$80.16, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.
- 2. The securities reported herein are held by funds managed by Inclusive Capital Partners, L.P., a Delaware limited partnership ("In-Cap"). Mr. Jeffrey W. Ubben ("Mr. Ubben" or the "Reporting Person") indirectly controls În-Cap.
- 3. The filing of this statement shall not be deemed an admission that the Reporting Person is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Act of 1934, as amended, or otherwise. The Reporting Person expressly disclaims beneficial ownership of the securities reported herein except to the extent of his pecuniary interest therein.

** 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.