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

Washir

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Numbe	r: 3235-	-0287						
Estimated average burden								
hours per res	ponse:	0.5						

1. Name and Address of Reporting Person*  Woods Darren W  (Last) (First) (Middle)  EXXON MOBIL CORPORATION						Issuer Name and Ticker or Trading Symbol     EXXON MOBIL CORP [ XOM ]  3. Date of Earliest Transaction (Month/Day/Year)     11/25/2013										tionshi all app Direc Offic below	10% C Other below)	wner (specify		
5959 LA  (Street) IRVING  (City)	ТУ		75039-22 Zip)	298	4. If	Ame	endment,	, Date o	of Original Filed (Month/Day/Year)						i. Indivine)	Forn	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Trans Date				2. Transa Date (Month/I		tion 2A. Deeme Execution I		ecution Date,				4. Securities Acquired (A)			l and 5) Sec Ben Owi		ount of ities icially d 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) Pri		Price		Reported Transaction(s) (Instr. 3 and 4)				(111501.4)
Common	Stock			11/25	/2013				F 3,540 D \$94.675 89,883 D											
Common Stock																6,463.7676			I	By Savings Plan
	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)  34. Deemed Execution Date, if any (Month/Day/Year)		n Date,		ransaction ode (Instr.		mber rative rities ired rosed ) . 3, 4 5)	6. Date Expiration (Month/L	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares			nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

**Explanation of Responses:** 

/s/ Jerry D. Miller by Power of **Attorney** 

11/26/2013

\*\* Signature of Reporting Person

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.