## 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 obligations may continue. See Instruction 1(b).

## 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

| Name and Address of Reporting Person*     Albers Mark W                                                                                      |                                                                          |  |                                                  |                                  |                                                             | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ] |                                                                                        |                                                       |                                                                                                |                                      |        |                                                                                                                     |                                            |                                                                                                                                               | Check all ap                                        | ip of Reporting Pe<br>plicable)<br>ctor<br>cer (give title                                                                 |               | 10% O                                                                    |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--------------------------------------------------|----------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| (Last) (First) (Middle) C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD                                                               |                                                                          |  |                                                  |                                  | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2018 |                                                                      |                                                                                        |                                                       |                                                                                                |                                      |        |                                                                                                                     |                                            | X Officer (give title Officer (specify below) Senior Vice President                                                                           |                                                     |                                                                                                                            |               |                                                                          |                                                                    |
| (Street) IRVING TX 75039-229 (City) (State) (Zip)                                                                                            |                                                                          |  |                                                  | 98                               | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |                                                                      |                                                                                        |                                                       |                                                                                                |                                      |        |                                                                                                                     |                                            | S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |                                                     |                                                                                                                            |               |                                                                          |                                                                    |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned                                                             |                                                                          |  |                                                  |                                  |                                                             |                                                                      |                                                                                        |                                                       |                                                                                                |                                      |        |                                                                                                                     |                                            |                                                                                                                                               |                                                     |                                                                                                                            |               |                                                                          |                                                                    |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                                                                                |                                                                          |  |                                                  |                                  | Execu<br>ay/Year) if any                                    |                                                                      | Executio<br>if any                                                                     | A. Deemed<br>xecution Date,<br>any<br>Month/Day/Year) |                                                                                                | Transaction Disposed Code (Instr. 5) |        |                                                                                                                     | ties Acquired (A)<br>I Of (D) (Instr. 3, 4 |                                                                                                                                               | nd Secu<br>Bene                                     | nount of<br>rities<br>ficially<br>ed Following<br>rted                                                                     | Forr<br>(D) ( | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)        | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|                                                                                                                                              |                                                                          |  |                                                  |                                  |                                                             |                                                                      |                                                                                        |                                                       |                                                                                                | v                                    | Amount | (1                                                                                                                  | (A) or<br>(D) Pri                          |                                                                                                                                               |                                                     | action(s)<br>. 3 and 4)                                                                                                    |               |                                                                          |                                                                    |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                                                          |  |                                                  |                                  |                                                             |                                                                      |                                                                                        |                                                       |                                                                                                |                                      |        |                                                                                                                     |                                            |                                                                                                                                               |                                                     |                                                                                                                            |               |                                                                          |                                                                    |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                          | perivative Conversion Date Execution or Exercise (Month/Day/Year) if any |  | 3A. Deeme<br>Execution I<br>if any<br>(Month/Day | Date, Transaction<br>Code (Instr |                                                             | Instr.                                                               | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                                                       | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date |                                      |        | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares |                                            | unt<br>ber                                                                                                                                    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |               | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

**Explanation of Responses:** 

/s/ C. K. Guild by Power of 04/02/2018 <u>Attorney</u>

\*\* 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.