FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| AND EXCHANGE COMMISSION | OMB APPROVAL |
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| D.C. 20549 | |

| OMB Number: | 3235-0287 |
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0.5

hours per response:

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

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* RAYMOND LEE R | | | | - 1 | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [xom] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|------------|--|------------------------|--|------------|---|---|--|------------------|---|-------------|-------------------------------|---|---|---------------------------------------|---|---|--|
| (Last) | (First | _ | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2003 | | | | | | | | X X | Director Officer (g below) | | 10% Owner Other (specify below) | | | |
| | | | — <u>L</u> | | | | | | | | | <u> </u> | Chairman and President | | | | | | |
| (Street) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (City) | (State | e) (| Zip) | | | | | | | | | | | | d by More than One Reporting Pers | | | g Person | |
| | | 7 | able I - Noi | n-Deriva | tive S | ecuri | ities Acc | uired, | Disp | osed o | f, or Be | enefici | ally Ow | ned | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | | Beneficiall 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) | Price | Transaction(s) (Instr. 3 and 4) | | | (ins | | |
| Common Stock | | | | 05/22/2 | 05/22/2003 | | | M | | 100,0 | 000 | A | 15.125 | 2,127,403(1) | | | D | | |
| Common Stock | | | | 05/22/2 | 05/22/2003 | | | S | | 85,0 | 00 | D | 35.92 | 2,042,403(1) | | | D | | |
| Common Stock 05/2 | | | | 05/22/2 | 05/22/2003 | | | S | | 15,0 | 00 | D | 35.94 | 2,027,403(1) | | D | | | |
| | | | Table II - I (| Derivativ e.g., put | | | | | | | | | | ed | | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year | Code (Instr. | | Derivative | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amount Securities Underlyi Derivative Security 3 and 4) | | lying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | Owners Form: Direct (I or Indire | Ownership | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisat | | xpiration ate | Title | N N | mount or umber of hares | (Instr. 4 | | | | | |
| Employee Stock Option (Right to Buy) | 15.125 | 05/22/2003 | | М | | | 100,000 | 11/30/199 | 95 1 | 1/30/2004 | Comm | | 00,000 | \$15.125 | 600,000 | | D | | |

Explanation of Responses:

1. Indirect shareholdings equal 11,462 shares by savings plan and 306.058 shares by spouse.

Jerry D. Miller, by power of attorney

05/23/2003

** 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.