SEC Form 4

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

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 Addre SIMON J ST | ss of Reporting Person | n* | 2. Issuer Name and Ticker or Trading Symbol <u>EXXON MOBIL CORP</u> [XOM] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---------------------------------|------------------------|------------|--|--|-----------------------------|--|--|--|--|
| | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2007 | X Director X Officer (give title | 10% Owner Other (specify | | | | |
| (Last) | (First) | (Middle) | 08/21/2007 | below) | below) | | | | |
| C/O EXXON M | OBIL CORP | | | Senior Vice President | | | | | |
| 5959 LAS COLINAS BLVD | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | X Form filed by One | e than One Reporting Person | | | | |
| IRVING | ТХ | 75039-2298 | | Form med by Mon | e than One Reporting Person | | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 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 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|---|---|--|---------------|-------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 08/21/2007 | | G | v | 288 | D | (1) | 692,657 | D | |
| Common Stock | 08/21/2007 | | G | v | 288 | D | (1) | 692,369 | D | |
| Common Stock | 08/21/2007 | | G | v | 288 | D | (1) | 692,081 ⁽²⁾ | D | |
| Common Stock | | | | | | | | 14,730.2094 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (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) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. No consideration received.

2. Includes 11,177 shares in joint ownership with spouse.

Jerry D. Miller by Power of Attorney 08/22/2007

** 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.

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