FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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 Address of Reporting Person* Albers Mark W | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
|--|---|--|--|-------|--|---|--|---------------------------------|---|----------------------------|--------------------|--|---------|---|---|---|--|--|---------------------------------------|--|--|
| (Last) | (First) | (Mi | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2006 | | | | | | | | Officer (give title below) | | Other (s below) | | | | |
| C/O EXXON MOBIL CORP | | | | | | | | | | | | | | Executive Officer | | | | | | | |
| 5959 LAS COLINAS BLVD. | | | | | 4. If A | 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 | | | | | | |
| (Street) | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| IRVING | TX | 75 | 039-2298 | | | | | | | | | | | | | | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Der | ivative | Se | ecuritie | s Acq | uired, l | Disp | osed of, | or l | Benefi | cially Ov | vned | | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transac Code (In 8) | | 4. Securitie Disposed (| | | | nd 5) Securities Beneficially Ov Following Repo | | 6. Own Form: or India (Instr. 4 | Direct (D) rect (I) 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code V | | Amount (A) | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock | | | | | | | | | | | | | | | 89,12 | 27(1) | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 13,902 | .2712 | | I | By Savings Plan | | |
| Common Stock | | | 07/27/2006 | | | | | S | | 172 | | D | \$67.45 | 500 | | | I | By Trustee for Dependent | | | |
| Common Stock | | | | | | | | | | | | | | | 25 | | | I | By Trustee for Dependent | | |
| Common Stock | | | | | | | | | | | | | | 15 | | | I | By Trustee for Dependent | | | |
| 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) | n 3A. Deemed Execution Date, | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Y | | sable and | 7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4) | | mount of derlying curity) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: Direct (D) | Beneficial Ownership (Instr. 4) | | |
| Evaluation of Po | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | | | |

1. Includes 160 shares in joint ownership with reporting person's son.

Mark W. Albers

** Signature of Reporting Person

07/31/2006

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.