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 *  CRAMER HAROLD R					2. Issuer Name and Ticker or Trading Symbol  EXXON MOBIL CORP [ XOM ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
(Last) C/O EXXON		ORP	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/15/2006								X	Officer (give title Other (spe below) Vice President				pecify	
5959 LAS COLINAS BLVD  (Street)  IRVING TX 75039-2298					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(State	) (Z	Zip)																
		Т	able I - Noı	n-Deriv	ative S	ecuri	ties Acc	uired, l	Disp	osed of	f, or B	enefic	ially Ow	ned					
(				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amount Securities Beneficially Following I	y Owned Reported	Form	nership : Direct (D) lirect (I) . 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 11					5/2006			M		30,000		Α	\$31.7	507,563			D		
Common Stock 11				11/15	5/2006			S		30,000 D		D	\$74.8	477,563		D			
Common Stock								6,812.2372			I	By Savings Plan							
			Table II - I	Derivat e.g., p	tive Se uts, ca	curitie Ils, wa	s Acqui	ired, Di	spo s, co	sed of, onvertib	or Ben le seci	eficia urities	lly Owne	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	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 (Inst 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e (Cess Fally Cess Gest Gest Gest Gest Gest Gest Gest G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					de V	(A)	(D)	Date Exercisal		Expiration Date	OI N		Amount or Number of Shares		(Instr. 4)	on(s)	1(3)		
Notional Stock Units w/Dividend Equivalent Rights <sup>(1)</sup>	(2)						(3)		(3)	Common Stock		(2)		35,818.5293		D			
Employee Stock Option (Right to Buy)	\$31.7	11/15/2006		N	И		30,000	02/26/200	)2	)2/26/2009	Comi		30,000	\$31.7	121,96	54	D		

## Explanation of Responses:

- 1. This grant is exempt from Section 16 under transition provisions applicable to cash-only awards granted prior to August 15, 1996, but is reported voluntarily.
- 2. Convert to common shares on a 1 for 1 basis.
- 3. To be settled in cash in one or more installments following retirement.

<u>H. R. Cramer</u> 11/16/2006

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.