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 Address of Reporting Person [*] <u>Pryor Stephen D</u> | | | | | | 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) Director 10% Owner | | | | | |
|--|---|------|------|--|--|--|--|------|---|--------|--|--------------------|-------------------------------|-------------------------------------|--|---|--|--------------|--|--|
| (Last) | (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2009 | | | | | | | | x | Officer (give title below) | | Preside | Other (specify below) | | | | |
| 5959 LAS COLINAS BLVD | | | | | | 4 If Amondment Date of Original Filed (Manth/Day/March | | | | | | | | 6 Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | No. Indiv | , | | | | | | |
| (Street) | | | | | | | | | | | | | | Form filed | d by More | than O | ne Reportin | g Person | | |
| IRVING | TX 75039-2298 | | | | | | | | | | | | | | | | | | | |
| (City) | (State |) (Z | lip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/I | | | | | | ear) | 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 | |
| | | | | | | | | Code | v | Amount | unt (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 07/31 | | | | | 1/200 | 1/2009 | | | М | | 20,00 | 20,000 | | \$41.7812 | 689,312 | | | D | | |
| Common Stock | | | | | | | | | | | | | | 23,022 | | | I | By Spouse | | |
| Common Stock | | | | | | | | | | | | | | | 20,417.6805 | | | 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. 3. Transaction Conversion Date (Month/Day/Year) 43A. Deemed Execution Date (Month/Day/Year) (Month/Day/Year) Derivative Security | | | Co | e, Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | e | Securities Underly | | derlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e Ownership s Form: hlly Direct (D) or Indirect g (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | | |
| Employee Stock | | | | | | | | | | | | C. | | | | | | | | |

Explanation of Responses:

\$41.7812

Option (Right to Buy)

Jerry D. Miller by Power of 08/03/2009

Date

138,000

D

\$41.7812

** Signature of Reporting Person

20,000

Common

Stock

Attorney

12/08/2000 12/08/2009

20,000

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).

07/31/2009

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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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