FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235         |     |  |  |  |  |  |  |
| 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

| Name and Address of Reporting Person*  Kelly Alan J   |  |     |              |       | 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 N  | (First)  | ,   | iddle)       |       |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2009 X  |   |                                     |                  |      |  |  |   |   | Officer (g<br>below)   | resido        | Other (specify below)  |                                       |  |  |
| 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) |  |               |  |                                       |  |  |
| (Street) IRVING   | TX   | 75  | 039-2298     |       |  |  |   |                                     |                  |      |  |  |   |   | X Form filed by One Reporting Person  Form filed by More than One Reporting Person                     |               |  |                                       |  |  |
| (City)  | (State)  | (Zi | p)           |       |  |  |   |                                     |                  |      |  |  |   |   |  |               |  |                                       |  |  |
|   |  | Та  | ble I - Nor  | า-Der | ivativ   | e Se   | curitie   | s Acq                               | uired, l         | Disp | osed of,   | or Bene  | ficia   | ally Ow   | ned  |               |  |                                       |  |  |
| Date  |  |     |              | Date  | Transaction<br>ate<br>Ionth/Day/Year)                                |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                     |                  |      |  | urities Acquired (A) or<br>sed Of (D) (Instr. 3, 4 and 5 |   |   | 5. Amount of<br>Securities<br>Beneficially Own<br>Following Report                                     |               |  |                                       | 7. Nature of Indirect Beneficial Ownership |  |
|   |  |     |              |       |  |  |   |                                     | Code             | v    | Amount   | (A) or (D)   | Р   | rice  | Transaction(s)<br>(Instr. 3 and 4)   |               |  |                                       | (Instr. 4)                                 |  |
| Common Stock 12/  |  |     |              | 12/   | 15/2009  |  |   |                                     |                  | V    | 300  | D  |   | (1)   | 144,679  |               |  | D                                     |  |  |
| Common Stock 1  |  |     |              | 12/   | 2/15/2009  |  |   |                                     | G                | v    | 300  | A  |   | (1)   | 3,050  |               |  | I                                     | By<br>Family<br>Trust                      |  |
| Common Stock  |  |     |              |       |  |  |   |                                     |                  |      |  |  |   | 1,107.353   |  |               | I  | By<br>Savings<br>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  2. Conversion Date (Month/Day/Year) if any (Month/Day/Year) |  |     | Code (Instr. |       |  | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |   | 6. Date I<br>Expiration<br>(Month/I | on Da            |      | 7. Title and Amour<br>Securities Underly<br>Derivative Securit<br>(Instr. 3 and 4) |  | lying   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)         | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction | e<br>s<br>lly | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Fundamentian of Do  |  |     |              |       | Code   | v  | (A)   | (D)                                 | Date<br>Exercisa | able | Expiration<br>Date   | Title  | or<br>Nu  | nount<br>imber<br>Shares                                    |  | (Instr. 4)    |  |                                       |  |  |

1. No consideration received or given.

/s/ Jerry D. Miller by Power of Attorney

12/17/2009

\*\* 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.