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 *  KING REATHA C                                |  |                  |   | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ] |       |  |         |  |                  |   |                    |  | (Che                      | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |  |   |                            |  |  |
|---|--|------------------|---|--|-------|--|---------|--|------------------|---|--------------------|--|---------------------------|---|--|---|----------------------------|--|--|
| (Last)<br>C/O EXXON M<br>5959 LAS COI   |  | RP               | ddle)   |  | 01/04 | Date of Earliest Transaction (Month/Day/Year)     01/04/2010      4. If Amendment, Date of Original Filed (Month/Day/Year) |         |  |                  |   |                    |  |                           | 6. Inc  | Officer (give title below)  6. Individual or Joint/Group F X Form filed by One |   |                            | Other (specify below)  |  |
| (Street) IRVING   | TX   | 75               | 039-2298  |  |       |  |         |  |                  |   |                    |  |                           |   | Form file  | d by More   | than O                     | ne Reportin  | g Person   |
| (City)  | (State)  | (Zi <sub>l</sub> | o)  |  |       |  |         |  |                  |   |                    |  |                           |   |  |   |                            |  |  |
| 1. Title of Security (Instr. 3)   |  |                  | 2. Tran   | 2. Transaction   |       | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |         | 3.<br>Transaction<br>Code (Instr.  |                  | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 a |                    |  | ) or                      | 5. Amount of  |  | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4)                     |                            | 7. Nature of Indirect Beneficial Ownership (Instr. 4)                    |  |
|   |  |                  |   |  |       | Code   | v       |  |                  | (A) or<br>(D)   | Price              | (Instr. 3 and 4)   |                           |   |  | (   |                            |  |  |
| Common Stock  |  |                  | 01/04/2010  |  |       |  |         | <b>A</b> <sup>(1)</sup>  |                  | 2,500   |                    | Α  | <b>\$0</b> <sup>(1)</sup> | 51,1  | 51,128   |   | D                          |  |  |
| Common Stock  |  |                  |   |  |       |  |         |  |                  |   |                    |  |                           |   | 50   | 00  |                            | I  | By Family<br>Trust -<br>Reporting<br>Person                        |
| Common Stock  |  |                  |   |  |       |  |         |  |                  |   |                    |  |                           |   | 1,0  | 00  |                            | I  | By Family<br>Trust -<br>Spouse                                     |
| Common Stock  |  |                  |   |  |       |  |         |  |                  |   |                    |  |                           | 77  | 776  |   | Ι                          | Ira<br>Account   |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                  |   |  |       |  |         |  |                  |   |                    |  |                           |   |  |   |                            |  |  |
| Derivative Conversion Security (Instr. 3) Or Exercise (Month/Day/Year) Execution if any |  |                  | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/ | ate,   |       | ansaction<br>de (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 Exerci<br>Expiration Dat<br>(Month/Day/Ye               |                    | 7. Title and Amol<br>Securities Under<br>Derivative Securi<br>(Instr. 3 and 4) |                           | derlying<br>curity  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                            | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported | Owners Form Direct or Inc. | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Evolunation of Responses:   |  |                  |   | ,  | Code  | v  | (A) (D) |  | Date<br>Exercisa |   | Expiration<br>Date | Title  |                           | Amount<br>or<br>Number<br>of Shares   |  | Transacti<br>(Instr. 4)   | ion(s)                     |  |  |

## Explanation of Responses

1. Restricted stock grant.

/s/ Jerry D. Miller by Power of Attorney

01/06/2010

\*\* 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.