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 * Pryor Stephen D | | | | 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 | (First) | (MO) | Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/18/2010 | | | | | | | X | Officer (g below) | | | Other (s below) | I | | | |
| 5959 LAS COLINAS BLVD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) IRVING | TX | 7 | 5039-2298 | | | | | | | | | | | | • | • | e Reportin | g Person | |
| (City) | (State |) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Т | able I - No | n-Deri | vative | Se | curit | ies Acq | uired, | Dis | osed of | f, or Benefi | cially Ow | ned | | | | | |
| Date | | | | Date | Transaction te onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | ies Acquired (A) Of (D) (Instr. 3, | | 5. Amount Securities Beneficially Following | y Owned Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transactio (Instr. 3 and | | | | (Instr. 4) | |
| Common Stock | | | | 11/18 | 1/18/2010 | | | | M | | 15,00 | 0 A | \$45.2188 | 955,651 | | | D | | |
| Common Stock 11 | | | | 11/18 | 1/18/2010 | | | | S | | 11,90 | 0 D | D \$70.3 | | 943,751 | | D | | |
| Common Stock 11 | | | 11/18 | 18/2010 | | | | S | | 3,100 |) D | \$70.31 | 940,651 | | D | | | | |
| Common Stock | | | | | | | | | | | | | 21,357 | .4958 | | | By Savings Plan | | |
| Common Stock | | | | | | | | | | | | | 23,022 | | I | | By Spouse | | |
| | 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 | | 3A. Deemed Execution Da if any (Month/Day/Y | Co | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Securities Underly | | derlying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | e los | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | | (A) (D) | | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | Transaction (Instr. 4) | on(s) | | | |
| Employee Stock Option (Right to Buy) | \$45.2188 | 11/18/2010 | | | М | | | 15,000 | 11/29/20 | 01 | 11/29/2010 | Common Stock | 15,000 | \$0 0 | | | D | | |

Explanation of Responses:

/s/ Jerry D. Miller by Power of Attorney

11/22/2010

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).