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 * HUMPHREYS DONALD D |  |    |                        |       |  | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [ XOM ]  |   |                                 |                 |   |                             |            |                             |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)                           |   |  |                            |  |
|--|--|----|------------------------|-------|--|---|---|---------------------------------|-----------------|---|-----------------------------|------------|-----------------------------|---|---|---|--|----------------------------|--|
| (Last)   |  |    |                        |       |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/02/2010  4. If Amendment, Date of Original Filed (Month/Day/Year) |   |                                 |                 |   |                             |            |                             | X   | Director Officer (give title below) Sr. Vice President  |   | 10% Owner Other (specify below) dent & Treasurer                   |                            |  |
| 5959 LAS COLINAS BLVD  |  |    |                        |       | 4. If A                                    |   |   |                                 |                 |   |                             |            |                             | 6. Indi   | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |   |  |                            |  |
| (Street) IRVING  | TX   | 7: | 75039-2298             |       |  |   |   |                                 |                 |   |                             |            |                             |   | Form filed by More than One Reporting Person  |   |  |                            |  |
| (City)   | (State)  | (Z | ľip)                   |       |  |   |   |                                 |                 |   |                             |            |                             |   |   |   |  |                            |  |
|  |  | Ta | able I - No            | n-Der | ivativ                                     | re S  | ecuriti   | es Acq                          | uired,          | Disp  | osed of,                    | or Be      | enefic                      | ially Ov  | vned  |   |  |                            |  |
| 1. Title of Security (Instr. 3)                              |  |    | Date                   |       | 2. Transaction<br>Date<br>(Month/Day/Year) |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 3.<br>Transac<br>Code (Ir<br>8) |                 | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and |                             |            |                             | 5. Amount of<br>Securities<br>Beneficially Ow<br>Following Repo | ly Owned<br>Reported  | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership                         |                            |  |
|  |  |    |                        |       |  |   |   |                                 | Code V          |   | Amount                      | (A) or (D) |                             | Price   | Transaction(s)<br>(Instr. 3 and 4)  |   |  | (Instr. 4)                 |  |
| Common Stock   | (  |    |                        | 12/0  | 02/201                                     | 0   |   |                                 | F               |   | 10,200                      | 5          | D                           | \$69.035  | 663,0   | 046(1)  | D  |                            |  |
| Common Stock   |  |    |                        |       |  |   |   |                                 |                 |   |                             |            |                             |   | 7,0   | 000   | Ι  | By GRAT                    |  |
| Common Stock   | <b>.</b>   |    |                        |       |  |   |   |                                 |                 |   |                             |            | Ì                           |   | 7,0   | 000   | I  | By GRAT<br>1 for<br>Spouse |  |
| Common Stock   |  |    |                        |       |  |   |   |                                 |                 |   |                             |            |                             |   | 7,0   | 000   | I  | By GRAT                    |  |
| Common Stock   | <b>.</b>   |    |                        |       |  |   |   |                                 |                 |   |                             |            | Ì                           |   | 7,0   | 000   | I  | By GRAT<br>2 for<br>Spouse |  |
| Common Stock   |  |    |                        |       |  |   |   |                                 |                 |   |                             |            |                             | 7,000   |   | I   | By GRAT  |                            |  |
| Common Stock   |  |    |                        |       |  |   |   |                                 |                 |   |                             |            | 7,000                       |   | I   | By GRAT<br>3 for<br>Spouse  |  |                            |  |
| Common Stock   |  |    |                        |       |  |   |   |                                 |                 |   |                             |            | 27,754.5081                 |   | 4.5081  | I   | By<br>Savings<br>Plan  |                            |  |
|  |  |    | Table II -             |       |  |   |   |                                 |                 |   | sed of, o                   |            |                             |   | ed  |   |  |                            |  |
| 1. Title of<br>Derivative<br>Security (Instr. 3)             | 2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) |    | Execution Date, If any |       | 4.<br>Transac<br>Code (Ir<br>8)            | ction   | 5. Number of Derivative                                     |                                 |                 | Exerc<br>ion Da   | sable and 7. Title and Amou |            | ount of<br>erlying<br>urity | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)             | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported             | 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) |                            |  |
|  |  |    |                        |       | Code                                       | v   | (A)   | (D)                             | Date<br>Exercis | ahle  | Expiration<br>Date          | Title      | ;                           | Amount<br>or<br>Number<br>of Shares                             |   | Transaction (Instr. 4)  | on(s)  |                            |  |

1. Includes 39,089 shares in joint ownership with reporting person's spouse.

/s/ Jerry D. Miller by Power of Attorney

12/06/2010

\*\* 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.