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* Greenlee Stephen M					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)	`	ddle)			2. Date of Earliest Transaction (Month/Dov/Mont)										ive title Other (specify below) Vice President				
5959 LAS COLINAS BOULEVARD					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	X Form filed by One Reporting Person Form filed by More than One Reporting Person				g Person	
(City)	(State)	(Zi _l	p)																	
		Та	ble I - Nor	n-Der	ivative	e Se	ecuritie	s Acqı	uired, l	Disp	osed of,	or	Benefi	cially Ow	/ned					
D			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securiti Disposed				5. Amount Securities Beneficiall 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	Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock 1:				12/0	07/2010		F		1,923		D	\$69.165	118,725		D					
Common Stock															11,780	.7664	I		By Savings Plan	
Common Stock															584		I		By Spouse	
			Table II - D								ed of, o				ed					
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 2. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year)			ate,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		e Securities Underl		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	Ow For Illy Dir or I	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Explanation of Responses:					Code	v	(A)	(D)			Expiration Date	or Numbe		Amount or Number of Shares		(Instr. 4)				

/s/ Jerry D. Miller by Power of Attorney

12/09/2010

** 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).