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 * Franklin Robert Stuart | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | ationship of F all applicab Director | le) | Person | 10% Ov | |
|--|---|--|--|--|--|---|--|--|------|---|------------|---|---|--|-----------------------------------|---|--|--|
| (Last) | (First) | (M | iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2011 | | | | | | | | X | Officer (g below) | Officer (give title pelow) | | Other (s | specify |
| C/O EXXON MOBIL CORPORATION | | | | | | | | | | | | | | | Vice I | Preside | ent | |
| 5959 LAS COLINAS BLVD. | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line | | | | |
| (Street) | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| IRVING | TX | 75 | 039-2298 | | | | | | | | | | | | , | | | g · |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | |
| | | Та | ıble I - No | n-Der | ivative S | ecuri | ties Acq | uired, | Disp | osed of | , or | Benefi | cially Ov | vned | | | | |
| | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | v | Amount | | (A) or (D) | Price | (Instr. 3 and | | | | (Instr. 4) |
| Common Stock | | | | | 14/2011 | | | S | | 1,064 | 1 | D | \$83.32 | 120,638 | | D | | |
| Common Stock 0 | | | | | 02/14/2011 | | | S | | 1,480 | | D | \$83.33 | 119,158 | | D | | |
| Common Stock 02 | | | | | 14/2011 | | | S | | 5,020 | | D | \$83.34 | 114,138 | | D | | |
| Common Stock 02. | | | | | 14/2011 | | | S | | 2,900 |) | D | \$83.35 111,23 | | 238 | D | | |
| Common Stock | | | | | | | | | | | 3,396.3121 | | | I | By Employee Savings 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, Year) | 4. Transaction Code (Instr. 8) | Der Sec Acc or [| lumber of ivative surities quired (A) Disposed of (Instr. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | Sec Der | itle and A curities Ur ivative Se str. 3 and 4 | derlying curity | 8. Price of Derivative Security (Instr. 5) (Instr. 5) 9. Numb derivative Securitie Beneficia Owned Followin Reporter Transact (Instr. 4) | | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

/s/ Robert S. Franklin

** Signature of Reporting Person

02/15/2011 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).