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

| Name and Address of Reporting Person* Schleckser Robert N | | | | 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) | | | ate of Earliest Transaction (Month/Day/Year) 06/2011 | | | | | | | | | X | Officer (g below) | | t and | Other (s below) Treasurer | · I | | |
| 5959 LAS COLINAS BOULEVARD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) IRVING TX 75039-2298 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (State) | (Zi | o) | | | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Deri | vative | Sec | curities | Acq | uired, l | Disp | osed of, | , or | Benefi | cially | Ow | ned | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | E: | A. Deemed xecution I any Month/Day | Date, | 3. Transac Code (In 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | nnd 5) Securitie Beneficia 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) | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Stock | | | | 12/06/2011 | | | | | F | | 1,953 | | D | \$74 | 1.55 | 85,679 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 320.6406 | | I | | As Trustee for Child 1 | | | |
| Common Stock | | | | | | | | | | | | | | 298.4341 | | | I | As Trustee for Child 2 | | | | |
| Common Stock | | | | | | | | | | | | | | | 16,076 | .1665 | | I | By Savings Plan | | | |
| | | | Table II - [) | | | | | | | | sed of, o | | | |)wne | ed | | | | | | |
| Derivative Conversion Date Execut Security (Instr. 3) or Exercise (Month/Day/Year) if any | | | 3A. Deemed Execution Da | ate, | I. Fransactio | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | sable and | 7. Title and Amor Securities Under Derivative Securi (Instr. 3 and 4) | | mount nderlyin | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported | Own For Ily Dire or Ii | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code \ | , | (A) | (D) | Date Exercisa | | Expiration Date | or Nu | | Amou or Numb of Sha | er | Transacti (Instr. 4) | | on(s) | | | | |

Explanation of Responses:

Remarks:

/s/ Jerry D. Miller by Power of Attorney

12/08/2011

** 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).