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 * Kelly Alan J | | | | 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) | ` | iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2011 | | | | | | | | X | Officer (g below) | | | (specify | | |
| 5959 LAS COLINAS BOULEVARD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) IRVING | TX | 75 | 039-2298 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zi _l | p) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Noı | ո-Deri | vative S | ecuritie | s Acq | uired, l | Disp | osed of, | or Be | nefic | ially Ow | /ned | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | Execution if any | xecution Date, any | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | nd 5) Securities Beneficially Following F | | 6. Ownership Form: Direct (D or Indirect (I) (Instr. 4) | Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) |) or) | Price | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | 12/1 | 12/16/2011 | | | G | V | 3,240 |) | D | (1) | 177,359 | | D | | | | |
| Common Stock | | | 12/16/2011 | | | | G | v | 3,240 | 0 | A | (2) | 8,090 | | I | By Family Trust | | | |
| Common Stock | | | | 12/16/2011 | | | | G | V | 130 | | D | (1) | 177,229 | | D | | | |
| Common Stock 12 | | | | 12/1 | 16/2011 | | | G | V | 130 | | D | (1) | 177,099 | | D | | | |
| Common Stock 12/ | | | | | 16/2011 | 5/2011 G V 129 D | | (1) | 176,970 | | D | | | | | | | | |
| Common Stock | | | | | | | | | | | | | 1,649.4286 | | I | By Savings Plan | | | |
| | | | Table II - I (| | ative Sec | | | | | | | | | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) ice of rivative | 3A. Deemed Execution Date, if any (Month/Day/Year | | i. Fransaction Code (Instr. 3) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | e | 7. Title and Am Securities Und Derivative Sec (Instr. 3 and 4) | | erlying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | e Ownershi s Form: ally Direct (D) or Indirec g (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | | |
| | | | | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | Title | 6 | Amount or lumber of Shares | | Transacti (Instr. 4) | on(s) | | | |

Explanation of Responses:

- 1. No consideration received.
- 2. No consideration given.

/s/ Alan J. Kelly

12/20/2011

** 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.

^{*} 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).