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 Williams Jack P Jr | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | vner | | |
|--|--|--|---|--|--|---|---|--|---|-----------------------------|--|--|--------|--|---|---|---|---|-----------|--|--|
| (Last) C/O EXXON M | | RPORATION | iddle) | | | Date of Earliest Transaction (Month/Day/Year) 2/11/2013 | | | | | | | | | X | Officer (g below) | | Other (s below) ve Officer | | specify | |
| 5959 LAS COLINAS BOULEVARD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) IRVING | TX | 75 | 039-2298 | | | | | | | | | | | | | | • | than One Reporting | | g Person | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | า-Der | ivative | Se | curitie | s Acqı | uired, | Disp | osed of, | , or l | Benefi | cially | / Ow | ned | | | | | |
| | | | | 2. Transaction Date (Month/Day/Year) | | ır) | 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 a | | | | and 5) Securities Beneficially Following F | | y Owned Reported | Form: | rect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | 9 | (Instr. 3 and | | | | (Instr. 4) | | | |
| Common Stock | | | | 02/ | 02/11/2013 | | | | G | V | 200 | | D | (| 1) | 107, | 714 | | D | | |
| Common Stock | | | | | 02/11/2013 | | | | G | V | 200 | | D | (| 1) | 107,514 | | D | | | |
| Common Stock | | | | | 02/11/2013 | | | | G | V | 200 | | D | (| 1) | 107,314 | | D | | | |
| Common Stock | | | | | 02/11/2013 | | | | G V | | 200 | | D | (| 1) | 107,114 | | D | | | |
| Common Stock | | | | |)2/11/2013 | | | | G | V | V 85 | | D | (| 1) | 107,029 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 7,338.8079 | | | I | By 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 Da if any (Month/Day/\) | ate, | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerci ion Dat Day/Ye | | 7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4) | | derlyin curity | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code V | | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | , | Amou or Numb of Sha | er | | Transacti (Instr. 4) | on(s) | <u> </u> | | |

Explanation of Responses

1. No consideration received.

/s/ Jack P. Williams, Jr.

** Signature of Reporting Person

02/13/2013

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).