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* Balagia S Jack | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | ationship of F k all applicab Director | | Person | (s) to Issuer | vner |
|--|---|---|------------|--------------------------|---|--|--|----------------------------------|--|------|--|--|---------------|---|--|--|----------------|---|--|
| (Last) C/O EXXON M | (First) | , | iddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2013 | | | | | | | | X | below) | Officer (give title | | Other (specify below) | |
| 5959 LAS COLINAS BOULEVARD | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi | ndividual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) IRVING | TX | 75 | 75039-2298 | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | g Person |
| (City) | (State) | (Zi | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | nsaction :h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. | | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5 | | | 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) | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 03/14 | | | | | 4/2013 | | S | | 5,000 | | D | \$89.41 | 140,812 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 4,772.4173 | | | 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 | se (Month/Day/Year) if any (Month/Day/Year) | | ate, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ite | 7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e s illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | or Nu | | Amount or Number of Shares | (Instr. 4) | | | | |

Explanation of Responses:

/s/ S. Jack Balagia

03/15/2013

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

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.