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 *     Franklin Robert Stuart					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						
(Last) C/O EXXON N	(First)	,	ddle)		3. Date of Earliest Transaction (Month/Day/Year)  11/25/2014  Z Officer (give title below)  Vice President											· I				
5959 LAS COLINAS BOULEVARD					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) IRVING	TX	75	039-2298									X	X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(State)	(Zi	o)																	
		Та	ble I - Non	ı-Der	ivative	e Se	ecuritie	s Acq	uired,	Disp	osed of,	or l	Benefi	cially Ov	/ned					
			2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securitie Disposed				5. Amount Securities Beneficially Following	y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	ount (A)		Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				11/2	25/2014				F		5,828		D	\$96.02	164,469		D			
Common Stock				11/2	25/2014	4			A		39,100	,100 A \$0 <sup>(1)</sup> 203,569 D				D				
Common Stock													5,628.6471			I	By Employee Savings Plan			
			Table II - D								sed of, o				ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) of active	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		te Securities Under		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Explanation of Po					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	<b>.</b>	Amount or Number of Shares		Transaction(s (Instr. 4)		"		

## Explanation of Responses

1. Grant of restricted stock units to be settled in shares only.

/s/ Jerry D. Miller by Power of Attorney

11/28/2014

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).