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* Albers Mark W					2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]										ationship of F all applicab Director		eporting Person(s) to Issuer e) 10% Owne		vner
(Last)	(First)	(Mi	ddle)			3. Date of Earliest Transaction (Month/Day/Year) 11/27/2015								X	Officer (g below)	ive title		Other (s	specify
C/O EXXON MOBIL CORPORATION														S	Senior Vice President				
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													X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zi	p)																
		Та	ble I - Noı	n-Der	ivativ	e Se	curitie	s Acq	uired,	Disp	osed of,	or E	3enefi	cially Ov	/ned				
Date				h/Day/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amount Securities Beneficiall Following	y Owned Reported	Form	nership : Direct (D) direct (I) : 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	mount (A) or (D)		Price	Transactio (Instr. 3 an				(Instr. 4)	
Common Stock			11/2	/27/2015				S		12,500		D	\$80.5	709,788			D		
Common Stock														20,772.1576			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 Day if any (Month/Day/	ate,	I. Fransaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yes		e Securities Underl		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title		Amount or Number of Shares	mber				

Explanation of Responses:

/s/ Jerry D. Miller by Power of

Attorney

** Signature of Reporting Person

Date

11/27/2015

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).