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 co | ntinue. 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* Schleckser Robert N | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] 2. Data of English Transportion (Mostly Day/Your) | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|---|--|-----|-------------------|--|--|--|-------|---|--------|--------------------------|---|---------------|--------------------|---|---|---|-------------|--|-----------------------|--|
| (Last) | (First) | (Mi | ddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/29/2017 | | | | | | | | | Officer (g below) | ive title | | her (s low) | pecify | |
| C/O EXXON MOBIL CORPORATION | | | | | | | | | | | | | | | Vice President and Treasurer | | | | | |
| 5959 LAS COLINAS BOULEVARD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) IRVING | TX | 75 | 039-2298 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Da | | | Date | Fransaction te onth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securition Disposed (| | | | Securities Beneficially Following | Securities Beneficially Owned Following Reported | | (D) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transactio (Instr. 3 and | | | | (Instr. 4) | | |
| Common Stock 11/ | | | | 11/2 | 9/2017 | | Α | | 35,200 | | A | (1) | 193,338 | | D | | | | | |
| Common Stock 11/3 | | | | 11/3 | 0/2017 | | | G | V | 1,325 | | D | (2) | 192,013 | | D | | | | |
| Common Stock 1 | | | | 11/3 | 30/2017 | | | | F | | 4,049 | | D | \$81.665 | 187,964(3) | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 20,432.6532 | | I | | By Savings Plan | |
| | | , | Table II - I (| | | | | | | | sed of, o | | | | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, 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 Exerci Expiration Da (Month/Day/Y | | te | 7. Title and Amor Securities Under Derivative Secur (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported | Ownershi s Form: Direct (D) or Indirect (I) (Instr. 4 | (D) rect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) (| (D) | | | Expiration Date | or N | | Amount or Number of Shares | Transacti (Instr. 4) | | on(s) | | | |

Explanation of Responses:

- 1. Grant of restricted stock units to be settled in shares only.
- 2. No consideration received.
- $3.\ Direct shareholdings\ include\ 10{,}586\ shares\ in\ joint\ ownership\ with\ reporting\ person's\ spouse.$

/s/ C. K. Guild by Power of Attorney

** Signature of Reporting Person

12/01/2017 Date

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.