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

| 1. Name and Address of Reporting Person* Rosenthal David S | | | | | 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% Own | | | | | · I | |
|--|--|-----------|-----------|--|--|---|-----------|-----------------------------|---|--------|--|------------------------|--------------------------------|---|--|---|---|--|--|--|
| (Last) | (First) | (Mi | iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/05/2017 | | | | | | | | | X | Officer (g below) | | Other (s below) | | · | |
| C/O EXXON MOBIL CORPORATION | | | | | | | | | | | | | | Vice President and Controller | | | | | | |
| 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 | } | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - N | on-Der | ivative | Sec | urities / | Acq | uired | , Dis | posed of, | or Bene | ficially | Ow | ned | | | | | |
| Dat | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Ţ | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Di Of (D) (Instr. 3, 4 and 5) | | | Securit Benefic Followi | | y Owned Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | c | ode | v | Amount | (A) or (D) | Price | | Transaction (Instr. 3 an | | | | (Instr. 4) | |
| Common Stock | | | | 12/05 | /2017 | | | | S | | 7,501 | D | \$83.39 | 23(1) | 23(1) 215,650 | | D | | | |
| Common Stock | | | | | | | | | | | | | | 485 | | 35 | I | | By Revocable Trust | |
| Common Stock | | | | | | | | | | | | | | | 22,805.0898 | | | 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) | 3. Transaction Date (Month/Day/Year) | Execution | | 4. Transacti Code (Ins B) | on str. | 5. Number of Derivative Securities Acquired (A) or Disposed o (D) (Instr. 3, 4 and 5) | | Expiration D (Month/Day/ | | ate | 7. Title and Securities Derivative (Instr. 3 an | Underlying Security | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) (D |) | Date Exerc | isable | Expiration Date | Title | Amour or Numbe of Sha | er | | Transaction(s) (Instr. 4) | | | | |

Explanation of Responses:

1. Actual sale prices range from \$83.3922 to \$83.395 per share. The number of shares sold at each separate price will be provided upon request.

/s/ David S. Rosenthal

12/06/2017

** Signature of Reporting Person

ng 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.

^{*} 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).