FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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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 * Ortwein Sara N					2. Issuer Name <b>and</b> Ticker or Trading Symbol  EXXON MOBIL CORP [ XOM ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner							
(Last) C/O EXXON N	(First)	,	iddle)			3. Date of Earliest Transaction (Month/Day/Year) 12/18/2017									v	Officer (give title			Other (s		
5959 LAS COLINAS BOULEVARD					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) IRVING	TX	75	039-2298	9-2298												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zi																			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				5. Amount of		Owned leported	Form:	nership Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
l							Code	v	Amount (A) or (D)		(A) or (D)	Price		(Instr. 3 and 4)				(mou. 4)			
Common Stock			12/18/2017		7			G	V	3,000		D	(1)		259,061		D				
Common Stock														51,425		I		Family Trust of Parent			
Common Stock																979		I		By Dependent Child	
Common Stock																15,473.6767			Ι	By Savings Plan	
			Table II - I								sed of, o				wned	İ					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution D		ate, Transaction Code (Instr.					6. Date Expirati (Month/	ion Da		7. Title and Amou Securities Underl Derivative Securi (Instr. 3 and 4)		derlying curity	De Se	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Evaluation of Re					Code	v	(A)	(D)	Date Exercisable		Expiration Date	or Nur		Amount or Number of Share	,	(Instr		ion(a)			

1. No consideration received.

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

12/19/2017

\*\* 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> 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).