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 ]  2. Data of English Transportion (Month/Day/Your)										ationship of F k all applicab Director	le)	Person(	10% Ov	· I		
(Last)	(First)	•	ddle)			3. Date of Earliest Transaction (Month/Day/Year) 11/09/2018								X	Officer (give title below)		Other (s below) t and Controller			
C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD					4. If Amendment, Date of Original Filed (Month/Day/Year)									- 1	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 - Noı	n-Deri	ivative	Sec	uritie	s Acqı	uired, l	Disp	osed of,	or l	Benefi	cially Ov	vned					
D			2. Transaction Date (Month/Day/Year)		)   Ex	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 a				and 5) Securities Beneficial Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Transactio				(Instr. 4)	
Common Stock			11/09/2018					G V		213		D	<b>\$0</b> <sup>(1)</sup>	272				By Revocable Trust		
Common Stock															215,	650		D		
Common Stock														30,593.0857			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) Price of Derivative Security S. J. Transaction Date (Month/Day/Year)			Execution Date, if any		4. Transaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction	Ownersh S Form: Orling	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V	,	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)				

## Explanation of Responses:

1. No consideration received.

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

\*\* Signature of Reporting Person Date

11/12/2018

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.