FORM 4

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

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
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| 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*  Greenlee Stephen M   |         |                  |             |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  EXXON MOBIL CORP [ XOM ] |  |          |   |          |      |  |       |                                    | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |  |   |   |  |              |  |
|---|---------|------------------|-------------|--|--|--|----------|---|----------|------|--|-------|------------------------------------|---|--|---|---|--|--------------|--|
| (Last)  | (First) | ,                | ddle)       |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 11/28/2018  |          |   |          |      |  |       |                                    | X   | Officer (a   |   |   |  |              |  |
| 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    |  |  |  |          |   |          |      |  |       |                                    | X   |  | •   | Reporting F<br>than One F                     |  | g Person     |  |
| (City)  | (State) | (Zi <sub>l</sub> | o)          |  |  |  |          |   |          |      |  |       |                                    |   |  |   |   |  |              |  |
|   |         | Та               | ble I - Nor | n-Der                                      | ivative  | e Se   | ecuritie | s Acq   | uired, l | Disp | osed of,   | or l  | Benefi                             | cially Ov   | vned   |   |   |  |              |  |
| Da  |         |                  |             | 2. Transaction<br>Date<br>(Month/Day/Year) |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |          |   |          |      | rities Acquired (A) or<br>ed Of (D) (Instr. 3, 4 and 5 |       |                                    | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported                      |  | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) |   | 7. Nature of Indirect Beneficial Ownership                         |              |  |
|   |         |                  |             |  |  |  | Code     | v   |          |      | (A) or<br>(D)  | Price | Transaction(s)<br>(Instr. 3 and 4) |   |  |   | (Instr. 4)                                    |  |              |  |
| Common Stock 11/  |         |                  |             | 11/2                                       | 28/2018  | 8/2018   |          |   | A        |      | 58,000   |       | A                                  | (1)   | 457,358  |   | D   |  |              |  |
| Common Stock  |         |                  |             |  |  |  |          |   |          |      |  |       |                                    |   | 58   | 4   | I   |  | By<br>Spouse |  |
| Common Stock  |         |                  |             |  |  |  |          |   |          |      |  |       | 17,713.9662                        |   | I  |   | By<br>Savings<br>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 Execution Date (Month/Day/Year) if any (Month/Day/Year) |         |                  | ate,        | Code (Instr.                               |  | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |          | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Yea |          | te   | Securities Underl                                      |       | derlying<br>curity                 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti | Owi<br>Fori<br>Ily Dire<br>or Ii                                  | ership<br>n:<br>ct (D)<br>edirect<br>nstr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |              |  |
| Explanation of Re   |         |                  |             |  | Code   | v  | (A)      | (D)   |          |      | Expiration<br>Date                                     | Title |                                    | Amount<br>or<br>Number<br>of Shares   |  | (Instr. 4)  | OII(S)  |  |              |  |

## Explanation of Responses

1. Grant of restricted stock units to be settled in shares only.

/s/ C. K. Guild by Power of

<u>tttorney</u>

\*\* Signature of Reporting Person

Date

11/30/2018

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.

 $<sup>^{\</sup>star}$  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).