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

Name and Address of Reporting Person*  Clarke Peter P				2. Issuer Name and 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) 03/31/2019									X	Officer (g below)	give title  Executive Of		Other (specify below)	
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 (City)	TX (State)	75 (Zij	039-2298 p)		Form filed by One Reporting Person  Form filed by More than One Reporting Perso											g Person			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date					h/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			I 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Pric	e	(Instr. 3 and				(111301.4)
	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)	(Instr. 3) Conversion Date Execution Date, (Instr. 3) or Exercise (Month/Day/Year) if any			ite, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Securities Underly Derivative Security (Instr. 3 and 4)		ng	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Sha			(Instr. 4)	on(s)		

Explanation of Responses:

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

\*\* Signature of Reporting Person

Date

04/01/2019

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).