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

					ssuer Name <b>and</b> Ticker or Trading Symbol  XXON MOBIL CORP [ XOM ]						Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) C/O EXXON MOBIL CORPORATION		3. Date of Earliest Transaction (Month/Day/Year) 11/26/2021							X	Officer (g below)						
5959 LAS COLINAS BOULEVARD		4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line     X Form filed by One Reporting Person							
(Street) IRVING TX 75039-2298												-		e Reportin	g Person	
(City) (State) (Zip)																
Table I - Nor	n-Deri	vative S	ecuriti	es Acq	uired, I	Disp	osed of,	or Ber	efic	ially Ow	ned					
1. Title of Security (Instr. 3)	Date	nsaction 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 ar				Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
					Code	v	Amount	(A) (D)	or	Price	Transaction (Instr. 3 and				(Instr. 4)	
Common Stock 11/26/2021					F		1,340 D \$		\$63.31	118,510			D			
Common Stock 11/29/202		9/2021			F 2,83		2,834	I		\$60.48	115,676		D			
Common Stock											13,206			I	By Revocable Trust	
Common Stock											13,904.8124			I	By Savings Plan	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
ecurity (Instr. 3) or Exercise (Month/Day/Year) if any		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amou Securities Underly Derivative Securit (Instr. 3 and 4)		erlying	ing Derivative		illy [	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		ode V (A) (D)		Date Exercisa		Expiration or Nur		Amount or Number of Shares		Transacti (Instr. 4)	on(s)					

Explanation of Responses

/s/ Cynthia K. Guild by Power of

Attorney

\*\* Signature of Reporting Person

Date

11/30/2021

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).