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 Addr	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) (First) (Middle) C/O EXXON MOBIL CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 12/01/2021								X	Officer (give title Other (specify				·	
5959 LAS COI	4. If Amendment, Date of Original Filed (Month/Day/Year)								1	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
(Street) IRVING TX 75039-2298														Form filed by More than One Reporting Person				
(City) (State) (Zip)																		
		Та	ble I - No					uired,	Dis	posed of,								
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action Day/Year)	Execut if any	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 and				5. Amount of Securities Beneficially Own Following Repor				7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Pr	ice	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 12/01					1/2021			F	F 12,671 D		\$	60.4125	634,576			D		
Common Stock														788			I	By Dependent Child 1
Common Stock														788			I	By Dependent Child 3
Common Stock													10,639.1797			I	By Savings Plan	
			Table II -							sed of, o				ed				
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)			Date,	4. Fransaction Code (Instr 3)	n De Se Ac or (D)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exercition Day/\		7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported	e s nilly g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code V	(A) (D)		Date Exercisable		Expiration Date	OI N		mount r umber f Shares		Transact (Instr. 4)	ion(s))		

Explanation of Responses:

/s/ Cynthia K. Guild by Power of Attorney

** Signature of Reporting Person Date

12/02/2021

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.

 $^{^{\}star}$ 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).