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* DuCharme Linda D | | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|-----------|----------------------------------|------|--|-------------------------|---|----------|---|------------|--|-------|------------------------------|--------------------------------|---|--|---------------|--|--|---|
| (Last) C/O EXXON M | | RPORATION | iddle) | | 3. Dat 12/07 | | | ransacti | ansaction (Month/Day/Year) | | | | | | | Officer (g below) | | Other (sp below) President | | specify |
| 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 | TX | 75 | 039-2298 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | Date | | | 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 an | | | | Beneficially Ow Following Repo | | Owned eported | Owned Form: Di or Indire | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction 3 and 4) | (s) (Instr. | | | (Instr. 4) |
| Common Stock | | | | 12/0 | 12/07/2021 | | | | S | | 8,600 | | D | \$62.455 | | 311,240.0068(1)(2) | | D | | |
| Common Stock | | | | | | | | | | | | | | 21,000 | | I | | Indirect by Spouse | | |
| Common Stock | | | | | | | | | | | | | | | | 11,595.6465 | | I | | By Savings Plan |
| Common Stock | | | | | | | | | | | | | | 8,927.6135 | | | I | Savings Plan-by Spouse | | |
| | | , | Table II - | | | | | | | | sed of, o | | | |)wn | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | ive Conversion Date Execution Da | | Oate, Transaction Code (Instr | | ion | 5. Number of Derivative | | | Exercion Da | isable and | 7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4) | | mount nderlyin ecurity | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio | 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 Exercis | able | Expiration Date | Title | e e | Amou or Number of Sha | | | (Instr. 4) | \-/ | | |

Explanation of Responses:

- $1.\ Direct\ shareholdings\ include\ 68{,}540\ shares\ in\ joint\ ownership\ with\ reporting\ person's\ spouse.$
- $2. \ Includes \ change \ in \ form \ of \ ownership \ from \ Indirect \ to \ Direct \ of \ 2,268 \ shares.$

<u>/s/ Linda D. DuCharme</u> <u>12/09/2021</u>

** Signature of Reporting Person Date

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

- * 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.