**STOCK**  
EXXON MOBIL CORP [ XOM ]

**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**
   Carr Ian S  
   5959 LAS COLINAS BOULEVARD  
   IRVING TX 75039-2298

2. **Issuer Name and Ticker or Trading Symbol**
   EXXON MOBIL CORP [ XOM ]

3. **Date of Earliest Transaction (Month/Day/Year)**
   04/01/2022

4. **Relationship of Reporting Person(s) to Issuer**
   - Director
   - Officer (give title below)
   X Vice President

5. **If Amendment, Date of Original Filed**
   (Month/Day/Year)

6. **Individual or Joint/Group Filing (Check Applicable Line)**
   - Form filed by One Reporting Person
   X Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>Amount</th>
<th>(A) or (D)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>(A)</th>
<th>(D)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Explanation of Responses:**

/s/ Cynthia K. Guild by Power of Attorney  
04/04/2022

**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).


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.