1. Name and Address of Reporting Person *
   ** Talley Darrin L **
   
   (Last) **(First) (Middle)**
   5959 LAS COLINAS BOULEVARD
   C/O EXXON MOBIL CORPORATION
   (Street)
   IRVING TX 75093-2298
   
   2. Issuer Name and Ticker or Trading Symbol
   **EXXON MOBIL CORP [ XOM ]**
   
   3. Date of Earliest Transaction (Month/Day/Year)
   **06/07/2022**
   
   4. If Amendment, Date of Original Filed
   
   5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   
   Director **10% Owner**
   
   **Officer (give title below)**
   
   **Vice President**
   
   6. Individual or Joint/Group Filing (Check Applicable Line)
   
   Form filed by One Reporting Person **X**
   
   Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>06/07/2022</td>
<td></td>
<td>S</td>
<td>2,147 D</td>
<td>$102.815</td>
<td>30,363 I</td>
<td>By Revocable Trust(1)</td>
</tr>
<tr>
<td>Common Stock</td>
<td>126,050.3012</td>
<td></td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Stock</td>
<td>100</td>
<td></td>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td>By Dependent Child 1</td>
</tr>
<tr>
<td>Common Stock</td>
<td>5,815.198</td>
<td></td>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td>By Savings Plan</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

1. Shares held jointly with spouse

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)(iv).


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.

/s/ Darrin L. Talley 06/08/2022

** Signature of Reporting Person**

Date