**Name and Address of Reporting Person**

Chapman James R.

C/O EXXON MOBIL CORPORATION
5959 LAS COLINAS BOULEVARD
IRVING TX 75039-2298

**Issuer Name and Ticker or Trading Symbol**

EXXON MOBIL CORP [ XOM ]

**Relationship of Reporting Person(s) to Issuer**

Director

X Officer (give title below)

VP, Tax and Treasurer

**Date of Earliest Transaction**

11/30/2022

**Individual or Joint/Group Filing**

Form filed by One Reporting Person

**Explanation of Responses:**

1. Grant of restricted stock units to be settled in shares only.

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.