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

| Name and Address of Reporting Person* Goff Gregory James | | | | 2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM] 2. Data of Facilitat Transportion (Mostly Day/Your) | | | | | | | | | | | le) | Person(| 10% O | wner | |
|---|---------|------------------|-------------------------------|--|---|--|---------|---|-----------------|--|--------------------|--|------------------------------------|---|---|---|--|--|-------------------------------|
| (Last) | (First) | (Mi | ddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2023 | | | | | | | | | Officer (give title below) | | | Other (below) | specify |
| C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) IRVING | TX | 75 | 039-2298 | | | | | | | | | | | | Form filed | d by More | e than O | ne Reportii | ng Person |
| (City) | (State) | (Zi _l | o) | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Deri | vative | Secu | urities | Acq | uired, | Disp | osed of, | or Be | enefi | cially Ov | vned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | action Day/Year) | Exe if ar | 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 ar | | | | 5. Amount of Securities Beneficially Following Re | Owned eported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount (A) o | | | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 01/0 | | | | 01/03 | 3/2023 | | | Α | | 2,500 A | | (1) | 23,041.21(2) | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | 182 | | | | By Trust- Beneficiary 1 |
| Common Stock | | | | | | | | | | | | | 239 | | 239 | | By Trust- Beneficiary 2 | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution D (Month/Day/Year) if any (Month/Day/ | | | ate, Transaction Code (Instr. | | n [] | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Y | | te Secur ear) Deriva | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reporter Transac | ve es ally ng d | 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 | | Amount or Number of Shares | | (Instr. 4) | | | |

Explanation of Responses:

- 1. Restricted stock grant.
- $2.\ Direct shareholdings\ include\ 10,041.21\ shares\ in\ joint\ ownership\ with\ report\ person's\ spouse.$

/s/ Cynthia K. Guild by Power of

Attorney

01/04/2023

** 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.