### EXXON MOBIL CORP

Form 4

December 19, 2013

								OMB /	APPROV/	AL	
FORM 4	OMB Number:	3235	5-0287								
Check this box if no longer		IENT OF	CHAN	Washington, D.C. 20549 CHANGES IN BENEFICIAL OWNERSHIP OF					Janua	ary 31, 2005	
subject to Section 16. Form 4 or			Estimated burden ho response.	0.5							
Form 5 obligations may continue.  See Instruction 1(b).  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Respo	onses)										
1. Name and Addre Rosenthal David		2. Issuer Name <b>and</b> Ticker or Trading Symbol EXXON MOBIL CORP [XOM]				5. Relationship of Reporting Person(s) to Issuer					
(Last)  C/O EXXON M  CORPORATIO  COLINAS BOL	OBIL N, 5959 LAS	(Middle) 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2013 LAS				,	(Check all applicable)  Director 10% OwnerX_ Officer (give title Other (specify below)  Vice President and Secretary				
IRVING, TX 75		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Se	curities Ac	quired, Disposed o	of, or Benefici	ally Owne	ed	
	ransaction Date onth/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securities nAcquired (A Disposed of (Instr. 3, 4 a	A) or (D) and 5)	Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	ıl	

1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. 4. Securities TransactionAcquired (A) or		5. Amount of Securities	6. Ownership	7. Nature of Indirect			
(Instr. 3)	(Mondia Bay, Tear)	any	Code Disposed of (D)				Beneficially	Form: Direct	Beneficial	
		(Month/Day/Year)	(Instr. Code	8) V	(Δ)		Owned (D) or Following Indirect (I) Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)		Ownership (Instr. 4)	
			Code	•	rimount	(D)	Titee			By
Common Stock	12/18/2013		G	V	152	D	<u>(1)</u>	8,298	I	Revocable Trust
Common Stock								130,000	D	
Common Stock								580	I	By Dependent Child
Common Stock								21,954.8061	I	By Savings Plan

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(e.g., puts, calls, warrants, options, convertible securities)

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

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 control number.

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(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	nte	Amou	nt of	Derivative	]
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	5
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	m: 1	or		
						Exercisable	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

	Kelationships
Reporting Owner Name / Address	I

Director 10% Owner Officer Other

Rosenthal David S C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298

Vice President and Secretary

## **Signatures**

/s/ David S. Rosenthal

\*\*Signature of Date Reporting Person

# **Explanation of Responses:**

- \* 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).
- (1) No consideration received.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2