#### TILLERSON REX W

Form 4

November 17, 2004

# FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL

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if no longer subject to Section 16. Form 4 or

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Washington, D.C. 20549

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * TILLERSON REX W   |                                    |               | 2. Issuer Name <b>and</b> Ticker or Trading Symbol EXXON MOBIL CORP [XOM] |                                 |  |   |                           | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable) |  |  |                       |
|---|------------------------------------|---------------|---|---------------------------------|--|---|---------------------------|--|--|--|-----------------------|
| (I  |                                    |               | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2004               |                                 |  |   |                           |  | X Director 10% Owner X Officer (give title Other (specify below) President   |  |                       |
| Filed(Month/Day/Year)  A  IRVING TX 75039-2298  |                                    |               |   |                                 | Applicable Line) _X_ Form filed by   | X_ Form filed by One Reporting Person Form filed by More than One Reporting |                           |  |  |  |                       |
| (City)  | (State)                            | (Zip)         | Tabl  | e I - No                        | n-De   | erivative S   | Securi                    | ities Ac   | quired, Disposed o   | of, or Beneficial  | lly Owned             |
| 1.Title of<br>Security<br>(Instr. 3)  | 2. Transaction D<br>(Month/Day/Yea | ar) Execution | emed<br>on Date, if<br>Day/Year)  | 3.<br>Transa<br>Code<br>(Instr. |  | 4. Securi<br>nAcquired<br>Disposed<br>(Instr. 3,                            | l (A) of (D) 4 and (A) or | <b>)</b> )   | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                       |
| Common<br>Stock   | 11/15/2004                         |               |   | G                               | V  | 2,000   | D                         | <u>(1)</u>   | 280,303.26   | D  |                       |
| Common<br>Stock   |                                    |               |   |                                 |  |   |                           |  | 11,214.5374  | I  | By<br>Savings<br>Plan |
| Common<br>Stock   |                                    |               |   |                                 |  |   |                           |  | 1,400  | I  | By Minor<br>Child     |
| 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 (9-02) |   |                           |  |  |  |                       |

required to respond unless the form

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### displays a currently valid OMB control number.

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of                          | 2.  | 3. Transaction Date |   | 4.                               | 5.  | 6. Date Exerc       |                    | 7. Titl                            |  | 8. Price of                          | 9. Nu   |
|--------------------------------------|---|---------------------|---|----------------------------------|---|---------------------|--------------------|------------------------------------|--|--------------------------------------|---|
| Derivative<br>Security<br>(Instr. 3) | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | (Month/Day/Year)    | Execution Date, if<br>any<br>(Month/Day/Year) | Transactic<br>Code<br>(Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |                     |                    | Amou<br>Under<br>Securi<br>(Instr. | lying                                  | Derivative<br>Security<br>(Instr. 5) | Deriv<br>Secur<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|                                      |   |                     |   | Code V                           | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                              | Amount<br>or<br>Number<br>of<br>Shares |                                      |   |

#### **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |            |       |  |  |  |
|--------------------------------|---------------|-----------|------------|-------|--|--|--|
| •                              | Director      | 10% Owner | Officer    | Other |  |  |  |
| TILLERSON REX W                |               |           |            |       |  |  |  |
| C/O EXXON MOBIL CORP           | X             |           | President  |       |  |  |  |
| 5959 LAS COLINAS BLVD          | Λ             |           | Fiesidelit |       |  |  |  |
| IRVING, TX 75039-2298          |               |           |            |       |  |  |  |

#### **Signatures**

Rex W.
Tillerson

\*\*Signature of Reporting Person

Date

#### **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