Edgar Filing: EXXON MOBIL CORP - Form 4/A

EXXON MO Form 4/A August 03, 2											
FORM						NCEO		-	PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th if no long	ger						Expires:	January 31, 2005			
subject to	o SIATEMI	ENT OF CHA	CHANGES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Estimated a	verage		
Section 16. SECURITIES Form 4 or								burden hour response	s per 0.5		
Form 5 obligatio	Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,										
may con	tinue. Section 17(a)		•	•	· ·			1			
1(b).	<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).										
(Print or Type]	Responses)										
(Thin of Type)	(Componises)										
1. Name and A	Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer						
MATTHEV	Symbol FXX(ymbol XXON MOBIL CORP [XOM]				155401					
(Last)	(First) (Mi		of Earliest T		200	1]	(Check	k all applicable)		
(M			(Month/Day/Year)				Director 10% Owner				
C/O EXXO LAS COLII	07/28/2006			XOfficer (give titleOther (specify below)							
LAS COLI								lent & Gen. Co			
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			08/01/2006				_X_Form filed by One Reporting Person Form filed by More than One Reporting				
IRVING, T	X 75039-2298						Person		porting		
(City)	(State) (Z	Zip) Ta	ble I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficiall	y Owned		
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	any	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Form: Direct Indirect (D) or Benefic	Beneficial		
(Month/Da			Day/Year) (Instr. 8)				Owned Following	Indirect (I) Ownership (Instr. 4) (Instr. 4)			
					(A)		Reported				
			Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	07/28/2006		F	812 <u>(1)</u>		\$ 66.47	302,430	D			

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.

 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 (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MATTHEWS CHARLES W C/O EXXON MOBIL CORP 5959 LAS COLINAS BLVD IRVING, TX 75039-2298			Vice President & Gen. Counsel					
Signatures								
Jerry D. Miller by Power of Attorney		08/03/2006)					
** 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).
- A portion of the exercise price for the 18,500 shares purchased by the reporting person through the exercise of stock options on July 28,
 (1) 2006 was paid by the delivery of 812 previously owned shares. The surrender of these previously owned shares was inadvertently omitted from the report of this transaction filed on August 1.

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.