Walters Thomas R Form 4 December 03, 2009

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

burden hours per response... 0.5

Estimated average

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

**SECURITIES** 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 ** Walters Thomas R			2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]	5. Relationship of Reporting Person(s) to Issuer			
(Last)			3. Date of Earliest Transaction	(Check all applicable)			
(Lust)	(1 1131)	(ivildule)		D' 100/ O			
C/O EXXON MOBIL CORPORATION, 5959 LAS COLINAS BLVD.			(Month/Day/Year) 12/01/2009	Director 10% Owner _X Officer (give title Other (specify below)  Vice President			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			

Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

IRVING, TX 75039-2298

(City)	(State)	(Zip) Tal	ble I - Non	-Derivati	ve Sec	urities Acqu	ired, Disposed of	f, or Beneficia	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Secur or Dispo (Instr. 3,	esed of 4 and (A) or	` ′	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	12/01/2009		M	1,608	A	\$ 41.7812	13,027	I	By Spouse
Common Stock	12/02/2009		F	2,209	D	\$ 74.86	280,243	D	
Common Stock	12/02/2009		F	133	D	\$ 74.86	12,894	I	By Spouse
Common Stock							400	I	By Dependent Child
							11,000	I	

#### Edgar Filing: Walters Thomas R - Form 4

	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.		
Reminder: Report on a separate line for each class of securities bene	ficially owned directly or indirectly.		
Common Stock	12,428.2927 I	By Spouse Savings Plan	
Common Stock	12,464.5526 I	By Savings Plan	
Common Stock		By Family Trust	

 $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (e.g., puts, calls, warrants, options, convertible securities) \end{tabular}$ 

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. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date (Month/Day/Year) quired or sposed of str. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 41.7812	12/01/2009		M	1,608	12/08/2000	12/08/2009	Common Stock	1,608

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
. 6	Director	10% Owner	Officer	Other		
Walters Thomas R						
C/O EXXON MOBIL CORPORATION			Vice			
5959 LAS COLINAS BLVD.			President			
IRVING TX 75039-2298						

Reporting Owners 2

Edgar Filing: Walters Thomas R - Form 4

### **Signatures**

/s/ Jerry D. Miller by Power of Attorney 12/03/2009

\*\*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).

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.

Signatures 3