Walters Thomas R Form 4

# November 27, 2009 FORM 4

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

OMB

Check this box if no longer subject to

3235-0287 Number: January 31, Expires:

**OMB APPROVAL** 

Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

2005 Estimated average burden hours per 0.5 response...

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 Ad Walters Thor	•	rting Person *	2. Issuer Name and Ticker or Trading Symbol EXXON MOBIL CORP [XOM]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction	( and approximately			
			(Month/Day/Year)	Director 10% Owner			
C/O EXXON MOBIL			11/24/2009	_X_ Officer (give title Other (specify			
CORPORATION, 5959 LAS				below) below)  Vice President			
COLINAS B	LVD.			vice i resident			
	(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			
IRVING, TX 75039-2298				Form filed by More than One Reporting Person			

(City)	(State)	(Zip) Table	e I - Non-D	erivative S	equired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securition (A) or Dissipation (D) (Instr. 3, 4)	•	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	11/24/2009		A		A \$0 (1)	282,452	D	
Common Stock						400	I	By Dependent Child
Common Stock						11,000	I	By Family Trust
Common Stock						12,464.5526	I	By Savings Plan
						11,419	I	By Spouse

Common Stock

By Spouse Common 12,428.2927 I Savings Stock Plan

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 Deriva		2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title		8. Price of Derivative	9. Nu Deriv
Securi	ty c	or Exercise	, ,	any	Code	of	(Month/Day/		Underly	ing	Security	Secui
(Instr.	3) I	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e	,	Securiti	es	(Instr. 5)	Bene
	I	Derivative		•		Securities			(Instr. 3	and 4)		Own
	5	Security				Acquired						Follo
						(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						
						4, and 5)						
									A	Amount		
							Date	Expiration	O	r		
							Exercisable	Date	Title N	Number		
							Lacicisable	Date		of		
					Code V	(A) (D)			S	Shares		

## **Reporting Owners**

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

### **Signatures**

/s/ Jerry D. Miller by Power of 11/27/2009 Attorney

> \*\*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).

Reporting Owners 2

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

#### (1) Restricted stock grant.

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.