#### **EXXON MOBIL CORP**

Form 4

January 02, 2015

### FORM 4

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

Check this box if no longer

subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**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

obligations may continue. See Instruction 1(b).

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \* Pryor Stephen D

> (First) (Middle) (Last)

C/O EXXON MOBIL CORPORATION, 5959 LAS **COLINAS BOULEVARD** 

(Street)

(State)

(Zip)

IRVING, TX 75039-2298

(City)

1. Title of

Security

(Instr. 3)

2. Issuer Name and Ticker or Trading Symbol

EXXON MOBIL CORP [XOM]

3. Date of Earliest Transaction (Month/Day/Year) 01/02/2015

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

2. Transaction Date 2A. Deemed 3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Code Disposed of (D) (Month/Day/Year) (Instr. 8)

(Instr. 3, 4 and 5)

(A)

or Code V Amount (D) Price **OMB** 3235-0287

**OMB APPROVAL** 

Number: January 31, Expires: 2005

Estimated average burden hours per

response...

0.5

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify

below) Vice President

6. Individual or Joint/Group Filing(Check

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

5. Amount of 6. Ownership 7. Nature of

Securities Form: Direct Indirect Beneficially (D) or Indirect Beneficial Owned (I) Ownership (Instr. 4) Following (Instr. 4)

Reported Transaction(s) (Instr. 3 and 4)

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)

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

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if TransactionNumber Derivative Conversion

5.

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of

8. Price of 9. Nu Derivative Deriv

### Edgar Filing: EXXON MOBIL CORP - Form 4

| Security (Instr. 3) | or Exercise Price of Derivative Security | any<br>(Month/Day/Year) | Code of (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) |         | Underlyi<br>Securitie<br>(Instr. 3 | es                 | Security<br>(Instr. 5) | Secur<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |  |  |
|---------------------|--|-------------------------|--|---------|------------------------------------|--------------------|------------------------|---|--|--|
|                     |  |                         | Code V   | (A) (D) | Date<br>Exercisable                | Expiration<br>Date | or<br>Ni<br>of         | umber   |  |  |

# **Reporting Owners**

| Reporting Owner Name / Address | Relationships |           |           |       |  |  |  |
|--------------------------------|---------------|-----------|-----------|-------|--|--|--|
| . 0                            | Director      | 10% Owner | Officer   | Other |  |  |  |
| Pryor Stephen D                |               |           |           |       |  |  |  |
| C/O EXXON MOBIL CORPORATION    |               |           | Vice      |       |  |  |  |
| 5959 LAS COLINAS BOULEVARD     |               |           | President |       |  |  |  |

IRVING, TX 75039-2298

# **Signatures**

/s/ Jerry D. Miller by Power of Attorney 01/02/2015

\*\*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.

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