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

EXXON MO	BIL CORP										
Form 4											
November 29	9, 2016										
FORM	<b>14</b>	татге	SECUI	DITIES A	ND EV		NCE	COMMISSION	т	APPROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi if no long	er								Expires:	January 31 2005	
subject to Section 16. Form 4 or				SECUR	RITIES				Estimated burden ho response.	average ours per	
Form 5 obligation may conti <i>See</i> Instru 1(b).	ns Section 17(a inue. action	a) of the I	Public U		ding Cor	npan	y Act o	ge Act of 1934, of 1935 or Sectio 940	on		
(Print or Type R	Responses)										
1. Name and A Ortwein Sara	2. Issuer Name <b>and</b> Ticker or Trading Symbol EXXON MOBIL CORP [XOM]					5. Relationship of Reporting Person(s) to Issuer					
(Last)					-	1	(Che	(Check all applicable)			
()				(Month/Day/Year) 11/25/2016				Director 10% Owner X_Officer (give title Other (specify below) Executive Officer			
IRVING, TX	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)				~					
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secu	rities Ao	equired, Disposed o	of, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	spose	d of 5) Price	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	11/25/2016			F	3,261	D	\$ 86.7	197,361 <u>(1)</u>	D		
Common Stock								979	I	By Dependent Child	
Common Stock								14,551.1844	I	By Savings 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)

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# 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	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amour	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					, ,						
									Amount		
						Date Exercisable	Expiration Date		or		
									Number		
						Excicisable			of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Ortwein Sara N C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298			Executive Officer					
Signatures								
/s/ Jerry D. Miller by Power of Attorney	11/2	9/2016						
**Signature of Reporting Person	D	late						
Explanation of Posponooci								

## **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) Direct shareholdings include 20,472 shares in joint ownership with reporting person's spouse.

#### **Remarks:**

List of exhibits: Exhibit 24 - Power of Attorney

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.