#### FOSTER MORRIS E

Form 4

November 24, 2004

subject to

Section 16.

Form 4 or

### FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer

Symbol

#### **OMB APPROVAL**

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

2,960.415

I

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

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

2. Issuer Name and Ticker or Trading

1(b).

Stock

(Print or Type Responses)

FOSTER MORRIS E

1. Name and Address of Reporting Person \*

			EXXON	MOBI	IL	CORP [X	KOM	[.]	(Che	ck all applicable	e)
(Last)  C/O EXXON  LAS COLIN	N MOBIL CORI	Middle) P, 5959	3. Date of (Month/D 11/22/20	ay/Year)		nsaction			DirectorX Officer (give below)	10%	Owner er (specify
IRVING, TX	(Street) X 75039-2298		4. If Amer Filed(Mon			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by Form filed by Person	•	erson
(City)	(State)	(Zip)	Table	e I - Non-	-De	erivative S	ecurit	ties Acc	quired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Execution any	med on Date, if Day/Year)	3. Transac Code (Instr. 8	3)	4. Securiti n(A) or Dis (D) (Instr. 3, 4)	posed	of	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	11/22/2004			A(1)		55,000	A	<u>(1)</u>	181,484	D	
Common Stock									209.214	I	IRA Account
Common Stock									3,242.252	I	By Minor Child
Common Stock									2,960.415	I	By Minor Child
Common									2 960 /15	ī	By Minor

Child

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	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 benefic	ially owned directly or indirectly.				
Common Stock	234.2563	I (2)	Spouse IRA Account		
Common Stock	215.568	I	By Spouse		
Common Stock	86,412.2096	I	By Savings Plan		

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

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Derivati Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Bonus Share Units with Dividend Equivalent Rights	(3)					<u>(4)</u>	<u>(4)</u>	Common Stock	(3)	

# **Reporting Owners**

Reporting Owner Name / Address		Rela	tionships	
	Director	10% Owner	Officer	Other
FOSTER MORRIS E C/O EXXON MOBIL CORP 5959 LAS COLINAS BLVD. IRVING, TX 75039-2298			Vice President	

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## **Signatures**

Jerry D. Miller by Power of Attorney

11/23/2004

\*\*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).
- (1) Restricted stock grant.
- (2) Beneficial ownership of these shares is disclaimed by the reporting person.
- (3) Convert to common stock on a 1 for 1 basis.
- (4) To be settled in shares in installments following retirement.

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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