Rosenthal David S Form 4 December 06, 2017

FORM 4

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

OMB APPROVAL

Number: 3235-0287

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Check this box if no longer subject to Section 16. Form 4 or

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

1(b).

(Print or Type Responses)

| 1. Name and A Rosenthal D | • | 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) | 3. Date of Earliest Transaction | (Check all applicable) | | | |
| C/O EXXON MOBIL CORPORATION, 5959 LAS COLINAS BOULEVARD | | | (Month/Day/Year) 12/05/2017 | Director 10% Owner _X Officer (give title Other (specify below) Vice President and Controller | | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| IRVING, TX | X 75039-229 | 8 | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Benefi | | | | | |

| (City) | (State) | (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
|--------------------------------------|--------------------------------------|--|---|---|---|----------------------|-------------|--|--------------------------|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | ansaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price | | | | 6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4) | | |
| Common Stock | 12/05/2017 | | S | 7,501 | D | \$ 83.3923 (1) | 215,650 | D | | |
| Common Stock | | | | | | | 485 | I | By Revocable Trust | |
| Common Stock | | | | | | | 22,805.0898 | I | By Savings Plan | |

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

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. | 5. onNumber | 6. Date Exerc Expiration D | | 7. Titl | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|--------------------|----------------|-------------------------------|--------------------|-----------------|--|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (Month/Day/Tear) | any (Month/Day/Year) | Code (Instr. 8) | of | (Month/Day/e | | Under Securi | rlying | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Rosenthal David S C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298

Vice President and Controller

Signatures

/s/ David S. Rosenthal 12/06/2017

**Signature of Date
Reporting Person

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) Actual sale prices range from \$83.3922 to \$83.395 per share. The number of shares sold at each separate price will be provided upon request.

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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