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EXXON MO Form 4	OBIL CORP										
May 19, 201											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PPROVAL			
Check th	is how		Was	hingto	on, İ	D.C. 205	549			Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement OF CHANGES IN BENEFICIAL OWNERSHIP C 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 Sec 30(h) of the Investment Company Act of 1940						ge Act of 1934, f 1935 or Sectio	January 3 Expires: 200 Estimated average burden hours per response 0				
(Print or Type l	Responses)										
1. Name and A Walters The	Address of Reporting omas R	Person [*]	2. Issuer Symbol EXXON			Ticker or T			5. Relationship of Issuer		
(Last)	(First) (I	Middle)	3. Date of	Earlies	t Tra	insaction			(Chec	x all applicable)	
	N MOBIL TION, 5959 LAS BOULEVARD	5	(Month/D 05/15/20		r)				Director X Officer (give below) V		Owner er (specify
IDVING T	(Street)		4. If Amer Filed(Mon			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N		erson
	X 75039-2298								Person		
(City)	(State)	(Zip)	Table	e I - No	n-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		Code (Instr.	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	05/15/2014			G	V	2,902	D	<u>(1)</u>	2,901	Ι	By TRW 2010 GRAT 3
Common Stock	05/15/2014			G	V	2,901	D	<u>(1)</u>	0 (2)	I	By TRW 2010 GRAT 3
Common Stock									426,840 <u>(2)</u> <u>(3)</u>	D	
Common Stock									11,000	Ι	By Family Trust

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Common Stock	22,134	Ι	By Spouse
Common Stock	1,441	Ι	By Spouse - IRA
Common Stock	16,254 <u>(2)</u>	Ι	By TRW 2010 GRAT 5
Common Stock	13,986.2121	Ι	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 information contained in this form are not 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans
				of (D) (Instr. 3, 4, and 5)						(Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

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

Signatures

/s/ Thomas R. Walters

05/19/2014

**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) Gifts made on termination of TRW 2010 GRAT 3; no consideration received.
- (2) Reflects change in form of ownership on 12/18/2013 of 7,298 shares from indirect through GRAT 3 to direct and of 3,382 shares from indirect through GRAT 5 to direct.
- (3) Reflects change in form of ownership on 12/17/2013 of 37,602 shares from indirect through irrevocable trust to direct.

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.