Edgar Filing: EXXON MOBIL CORP - Form 4

EXXON MO	BIL CORP										
Form 4	0.4.6										
January 06, 2											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								т	OMB APPROVAL		
UNITED STATES SECONTIES AND EACHANGE COMMISSION								OMB Number:	3235-0287		
Check this	Check this box Washington, D.C. 20549							January 31,			
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	2005				
subject to Section 16								Estimated average burden hours per			
Form 4 or								response	•		
Form 5	Filed J	pursuant to	Section 16	6(a) of the	e Securiti	es Ez	xchang	ge Act of 1934,	•		
obligations may continue Section 17(a) of the Public Utility Holding Company Act of 1935 or Section											
See Instru		30(h)	of the Inv	vestment	Company	y Act	: of 19	40			
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading 5. Relationship of						f Reporting Per	Reporting Person(s) to				
FRAZIER K	Symbol	-				Issuer					
EXXON MOBIL CORP [XOM]						k all applicable)					
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Che)	ek un appliedok	-)	
			(Month/Day/Year)					XDirector10% Owner			
C/O EXXON MOBIL CORPORATION, 5959 LAS			01/04/2016					Officer (give titleOther (specify below) below)			
	BOULEVARE										
COLINAS E)									
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by C				One Reporting Person		
IRVING, TX	K 75039-2298								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	on Date, if TransactionAcquired (A) or					5. Amount of	6. Ownership 7. N	7. Nature of	
Security	(Month/Day/Y							Securities	Form: Direct	Indirect	
(Instr. 3) any (Month)			CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)					Beneficially Owned		Beneficial Ownership	
		(((-)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or	D ·	Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$ 0				
Stock	01/04/2016			А	2,500	А	φ0 (1)	25,500	D		
Stoon							_				

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)

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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			
FRAZIER KENNETH C C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	Х						
Signatures							
/s/ Jerry D. Miller by Power of Attorney	01/06/2016						
**Signature of Reporting Person	D	ate					
Evaluation of Poenoneoe							

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.

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.