EXXON MOBIL CORP

Form 4

October 31, 2006

FORM 4

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

OMB 3235-0287 Number:

Estimated average

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005

OMB APPROVAL

Form 4 or 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

burden hours per response... 0.5

1(b).

Common

Common

Common

Stock

Stock

Stock

10/27/2006

10/27/2006

10/27/2006

(Print or Type Responses)

1. Name and Address of Reporting Person *

TILLERSON REX W			Symbol						Issuer		
			EXXC	EXXON MOBIL CORP [XOM]					(Check all applicable)		
(Last)	(First)	(Middle)	3. Date	of Earli	iest '	Fransactio	n				
			(Month	/Day/Y	ear)				_X_ Director		% Owner
C/O EXXON MOBIL CORP, 5959				2006					_X_ Officer (give	title Oth	ner (specify
LAS COLINAS BLVD									below) below) Chairman and President		
	(Street)		4. If An	nendme	nt, I	Date Origin	nal		6. Individual or Jo	int/Group Fili	ing(Check
			Filed(M	lonth/Da	y/Ye	ar)			Applicable Line)		
									X Form filed by C	1 0	
IRVING, TX 75039-2298									Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Ta	ble I - I	Non-	-Derivativ	e Sec	urities Acqu	iired, Disposed of	, or Beneficia	ally Owned
1.Title of	2. Transaction Date	e 2A. Deem	ied	3.		4. Securi	ties A	cquired (A)	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)		Date, if		actic	nor Dispo		` /	Securities	Ownership	Indirect
(Instr. 3)		any	/3/	Code	0)	(Instr. 3,	4 and	15)	Beneficially	Form:	Beneficial
		(Month/D	ay/rear)	(Instr.	(8)				Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)
									Reported	(I)	(111311. 4)
							(A)		Transaction(s)	(Instr. 4)	
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	10/27/2006			G	V	2,000	D	<u>(1)</u>	560,833.26	D	
Common Stock	10/27/2006			G	V	275	D	<u>(1)</u>	560,558.26	D	

G

G

V 275

V 275

V 1.26

D

D

D

<u>(1)</u>

<u>(1)</u>

<u>(1)</u>

560,283.26

560,008.26

560,007

D

D

D

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Common Stock							12,197.1421	I	By Savings Plan
Common Stock	10/27/2006	G	V	275	A	(1)	2,000	I	By Dependent Child
Common Stock	10/27/2006	S		200	D	\$ 71.3954	1,800	I	By Dependent Child

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.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene

> Follo Repo Trans (Insti

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. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
TILLERSON REX W C/O EXXON MOBIL CORP 5959 LAS COLINAS BLVD IRVING, TX 75039-2298	X		Chairman and President				

Signatures

Rex W. Tillerson	10/31/2006			
**Signature of Reporting Person	Date			

Reporting Owners 2

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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) No consideration received or given.

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.