#### **EXXON MOBIL CORP**

Form 4

August 24, 2006

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

**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 Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading MATTHEWS CHARLES W Issuer Symbol EXXON MOBIL CORP [xom] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) Director 10% Owner Other (specify \_X\_\_ Officer (give title 08/23/2006 below) Vice President & Gen. Counsel

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting Person

IRVING, TX 75039-2298

LAS COLINAS BLVD

C/O EXXON MOBIL CORP, 5959

(City)	(State)	(Zip) Tab	ole I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) ansactionr Disposed of (D) de (Instr. 3, 4 and 5)			5. Amount of 6. Securities Ownership Beneficially Form: Owned Direct (D) Following or Indirect Reported (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	08/23/2006		M	1,381	A	\$ 36.1875	303,811	D	
Common Stock	08/23/2006		F	713	D	\$ 70.1	303,098	D	
Common Stock	08/23/2006		M	50,000	A	\$ 36.1875	353,098	D	
Common Stock	08/23/2006		S	1,600	D	\$ 69.89	351,498	D	
Common Stock	08/23/2006		S	800	D	\$ 69.88	350,698	D	

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Common Stock	08/23/2006	S	1,900	D	\$ 69.87	348,798	D	
Common Stock	08/23/2006	S	5,900	D	\$ 69.86	342,898	D	
common stock	08/23/2006	S	6,500	D	\$ 69.85	336,398	D	
Common Stock	08/23/2006	S	9,300	D	\$ 69.84	327,098	D	
Common Stock	08/23/2006	S	5,400	D	\$ 69.83	321,698	D	
Common Stock	08/23/2006	S	5,700	D	\$ 69.82	315,998	D	
Common Stock	08/23/2006	S	6,300	D	\$ 69.81	309,698	D	
Common Stock	08/23/2006	S	6,600	D	\$ 69.8	303,098	D	
Common Stock						53,149.6294	I	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 SEC 1474 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 36.1875	08/23/2006		M		1,381	11/25/1999	11/25/2008	Common Stock	1,381
• -	\$ 36.1875	08/23/2006		M		50,000	11/25/1999	11/25/2008		50,000

(9-02)

Employee Common Stock Stock

(Right to Buy)

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MATTHEWS CHARLES W C/O EXXON MOBIL CORP 5959 LAS COLINAS BLVD IRVING, TX 75039-2298

Vice President & Gen. Counsel

### **Signatures**

Charles W.

Matthews 08/24/2006

\*\*Signature of Date
Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

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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<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).