Edgar Filing: EXXON MOBIL CORP - Form 4/A

EXXON MO	BIL CORP											
Form 4/A												
January 06, 2	016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287				
Check this if no longe	a t'										January 31, 2005	
subject to Section 16. STATEMENT OF CHAN				NGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per		
Form 4 or			~			~	_	_		response 0.5		
Form 5 obligation	· ·							-	e Act of 1934,			
may contin	nue. Section 17		of the In	•		. .			f 1935 or Sectio	n		
See Instruct 1(b).	ction	50(II)		vesuite		Joinpany	Act	01 194	+0			
(Print or Type R	esponses)											
1. Name and Address of Reporting Person *2. IssuerBOSKIN MICHAEL JSymbol				er Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
			-	XON MOBIL CORP [XOM]								
(Last)	(First)	(Middle)	3. Date of			_		-	(Cheo	ck all applicable	e)	
				Day/Year)					_X_ Director 10% Owner			
			01/04/20	-					Officer (give title Other (specify below) below)			
	TION, 5959 LA	S							below)	below)		
COLINAS B	OULEVARD											
Filed(Mont			ndment, Date Original					6. Individual or Joint/Group Filing(Check				
			Ionth/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
IRVING, TX	75039-2298		01/06/20)16						More than One Re		
(City)	(State)	(Zip)	Tabl	e I - No	n-De	rivative S	ecurit	ies Aco	quired, Disposed o	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A. Deemed					4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Yea	r) Execution any	on Date, if	Transaction Acquired (A) or Code Disposed of (D)						Form: Direct (D) or	Indirect Beneficial	
(Insu: 5)		•	/Day/Year) (Instr. 8)			(Instr. 3,			Owned I	Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)		
							(A)		Transaction(s)			
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	01/04/2016			A		2,500	A	\$ 0 (2)	66,800	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BOSKIN MICHAEL J C/O EXXON MOBIL CORPORATION 5959 LAS COLINAS BOULEVARD IRVING, TX 75039-2298	Х						
Signatures							
/s/ Jerry D. Miller by Power of Attorney	01/0	6/2016					
**Signature of Reporting Person	D	ate					

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) The sole reason for this amended filing is to remove a "Voluntary" code that was inadvertently included in the original filing.
- (2) 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.