Chec

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* SHATTUCK MAYO A III					2. Iss <u>EX</u>	2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
														X	Office	er (give title	X		wner specify	
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET 54TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2020									below (/) Chairman		below)			
(Street)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
CHICAG	II O	. 6	60603											X		-		oorting Pers an One Rep	- 1	
(City)	(S	tate) (2	Zip)											Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Exec if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securities Beneficiall Owned Fol		ies ially	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							(,		Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)		,,,,,,		(Instr. 4)	
Common Stock (Deferred Stock Units) 06/30/2					2020				A		969	A		\$40	28,	083(1)		I	By Exelon Directors Deferred Stock Unit Plan	
Common Stock															26	7,649		D		
Common Stock															10,	000 ⁽³⁾		I	By Lizzie Mae, LLC	
Common Stock (401k shares)															2,2	258 ⁽²⁾		I	By 401(k) plan	
	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)	Derivative Conversion Date Execution I Security or Exercise (Month/Day/Year) if any			ion Date,			5. Number of		6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) ((D)	Date Exercis	able	Expiration Date		Amou or Numb of Share	per						
Explanation	of Respor	ises:																		

- 1. Balance includes 257 shares acquired on June 10, 2020 through automatic dividend reinvestment.
- 2. Shares held as of May 31, 2020 in a multi-fund 401(k) Plan updated to reflect the additional shares acquired in the account though the automatic dividend reinvestment feature of the 401(k) plan.
- 3. The reporting person is a manager of Lizzie Mae, LLC, whose members are trusts for the benefit of the reporting person's children. The reporting person disclaims beneficial ownership of the Exelon Corporation common stock held by Lizzie Mae, LLC except to the extent of his pecuniary interest therein.

Remarks:

Elizabeth M. Hensen, Attorney in Fact for Mayo A. 07/01/2020 Shattuck III

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.