| SEC Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSHIP |
|---------------------------|----|---|----|------------|---|
| • • • • • • • • • • • • • | | ••••••••••••••••••••••••••••••••••••••• | | | • |

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

| Check this box if r Section 16. Form obligations may c Instruction 1(b). | | | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | RSHIP | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 |
|---|---|-------|--|----------------------------------|--|
| 1. Name and Addres | s of Reporting Person [*] | | 2. Issuer Name and Ticker or Trading Symbol <u>EXELON CORP</u> [EXC] | (Check all applicable X Director | 10% Owner |
| | st) (First) (Mi SOUTH DEARBORN STREET TH FLOOR et) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/11/2007 | Officer (giv below) | e title Other (specify below) |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint Line) | /Group Filing (Check Applicable |
| (Street) CHICAGO | IL | 60603 | | 1 | by One Reporting Person by More than One Reporting |
| (City) | (State) | (Zip) | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | xecution Date, Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr. | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
|---------------------------------|--------------------------|---|--|---|--------|---|---|---|--|------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

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. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/) | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|---|---|--|----------------------|--|--------------------|---|--|--|--|---|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Deferred Compensation - Phantom Shares | (2) | 04/11/2007 | | I | | | 5,859 ⁽¹⁾ | (2) | (2) | Common Stock | 5,859 | \$68.71 | 2,980 | D | |

Explanation of Responses:

1. Distribution of a portion of a multi-fund deferred compensation plan in accordance with the reporting person's election.

2. Phantom shares held in a multi-fund deferred compensation account to be settled for cash on a 1:1 basis upon the reporting person's termination of employment for any reason. Shares are acquired through regular periodic contributions and the reinvestment of dividend equivalents.

Remarks:

Scott N. Peters, Attorney in Fact 04/11/2007

for Sue L. Gin

** 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.