FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* GUTIERREZ CARLOS M			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 10/25/2021 3. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]							
(Last) 10 S DEAR 54TH FLOO (Street) CHICAGO (City)		(Middle) EET 60603 (Zip)	-		Issue	ck all applicable)	10% C)wner (specify	File 6. Iı	ndividual or Jo neck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						ount of Securities cially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common stock						0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)			curity Convers		5. Ownership Form:	Ownership (Instr.
		Date Exercisable	Expiratior Date	ı Title	÷	Amount or Number of Shares	Security lumber of		Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Elizabeth M. Hensen,

Attorney-in-Fact for

Carlos Gutierrez

** Signature of Reporting

Date

11/02/2021

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 5 (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.