FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

											ompany 7 to									
Name and Address of Reporting Person* Lillie Charisse R						2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
2	11011100011	•			<u> </u>										✓ Director			10% O		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2024									Office below	r (give title)			specify	
10 S DEARBORN STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable				
54TH FLOOR															Line) Form filed by One Reporting Person					
(Street)						Form filed by More than One Reporting Person														
CHICAGO IL 60603					Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	es Ac	quire	d, Di	sposed	of, c	or Ber	eficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Trans Date (Month)						r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefic Owned	ies ially Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Cod	e v	Amount	:	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common stock- deferred stock units 06/3					30/2024				A		1,16	1,161		\$35.5	4 5,	5,213(1)		I	By Exelon Corp. Directors Deferred Stock Unit Plan	
Common Stock															7,246			D		
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. Deem Execution if any (Month/D	Date, Transact			of	iired r osed) r. 3, 4	6. Date Expirat (Month	ion Da		r) 7. Ti		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e G	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title		Amount or Number of Shares						
Deferred phantom share equivalents	(2)								(2)		(2)		mmon tock	3,623		3,628(3)	D		

Explanation of Responses:

- 1. Balance includes 43 additional shares acquired through automatic dividend reinvestment.
- 2. Phantom share equivalents held in the reporting person's Exelon stock fund account that is part of a multi-fund, non-qualified deferred compensation plan. Phantom share equivalents will be settled for cash on a 1 for 1 basis upon the termination of the reporting person's service to the board of directors
- 3. Balance includes 36 additional phantom share equivalents that were accrued to the account by the plan administrator on the ex-dividend date.

Remarks:

David T. Skinner, attorney-infact for Charisse R Lillie

07/02/2024

** 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.