# 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 APP	ROVAL							
OMB Number: 3235-02								
Estimated average burden								
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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. Issuer Name and Ticker or Trading Symbol EXELON CORP [ EXC ]									5. Rela Check X	Owner				
						3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017								Officer (give title X Other (specify below)  Chairman of the Board				
(Street) CHICAG			60603		4. If A	mendme	ent, Date c	f Original	l Filed	(Month/Da	ay/Yea	ar)		3. Indiv Line) X	Form	n filed by One n filed by Mor	Filing (Check A Reporting Pers e than One Rep	son
(City)	(St		(Zip)	a-Deriv	ative S	Securi	ties Ac	uired	Die	nosed o	of Or	Bone	ofici	ally (	)wne			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,	3. 4. Sec Transaction Dispo Code (Instr. 5)		4. Securit	sed of, or Benefic Securities Acquired (A) sposed Of (D) (Instr. 3, 4				5. Amo Securi Benefi	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							v	Amount (A) or (D)		(A) or (D)	Price	rice Trans		action(s) 3 and 4)		(Instr. 4)		
Common Stock (Def. Stock Units)			03/31/2017				A		1,008		A	\$35	5.97	14,474 <sup>(1)</sup>		I	By. Exelon Directors Deferred Stock Unit Plan	
Common	Stock														30	67,649	D	
Common	Stock														2	,059 <sup>(2)</sup>	I	By 401(k) plan
Common Stock														10,000(3)		I	By Lizzie Mae, LLC	
		Ti	able II - I (							sed of, onvertib					vned			
1. Title of Derivative Security  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date Execution if any (Month/Day/Year)				ion of str. Do Se Ad (A Di of	on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	of Respons				Code V	. (A	A) (D)	Date Exercisa		Expiration Date	Title	or Nun of						

- 1. Balance includes 121 shares acquired on March 10, 2017 through automatic dividend reinvestment.
- 2. Shares held as of February 28, 2017 in a multi-fund 401(k) Plan to be settled in cash upon the reporting person's termination of employment for any reason on a 1:1 basis. Shares are acquired through regular periodic contributions, company matching contributions, and the automatic reinvestment of dividends.
- 3. Lizzie Mae, LLC, is a limited liability company of which the reporting person is the manager and to which the reporting person transferred shares of his Exelon common stock. On December 18, 2012, the reporting person transferred 1/3 membership interests in Lizzie Mae, LLC, to each of three trusts, each one for the benefit of one of the reporting person's three minor children. The reporting person's wife is a trustee of each of the trusts. 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:

Scott N. Peters, Esq., Attorney 03/31/2017 in Fact for Mayo A. Shattuck Ш

Date

\*\* Signature of Reporting Person

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.