FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL OMB Number: 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* Pardee Charles G | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC] | | | | | | | | o of Reportin licable) tor er (give title | ig Pers | son(s) to Iss 10% Ov Other (s | vner | | |
|--|---|--|---|-----------------------|-----------------------------|---|--|---|--------------|---|--|--|--|--|-------------------------------------|---|---|--|--|
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2012 | | | | | | | | Senior Vice P | | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 54TH FLOOR | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | GO IL | . (| 60603 | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (Si | tate) (| Zip) | | Person | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | nsaction th/Day/Ye | Execution Date | | | e, Transaction Disposed Code (Instr. 5) | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a | | Benefic Owned | ies For ially (D) Following (I) (I | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v / | Amount | unt (A) or (D) | | | ted action(s) 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) | | Transaction Code (Instr. | | rative rrities nired r osed) | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | e and | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expi Date | iration | Title | Amount or Number of Shares | | | | | | | |
| Deferred Comp. Phantom Shares | (1) | 05/02/2012 | | A | | 21 | | (1) | | (1) | Common Stock | 21 | \$39.28 | 2,231 ⁽² |) | D | | | |

Explanation of Responses:

- 1. Phantom shares held in a multi-fund deferred compensation plan to be settled for 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.
- 2. Balance includes 26 shares acquired on 03/09/2012 and 8 shares acquired on 04/11/2012 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

Lawrence C. Bachman, Attorney in Fact for Charles G. 05/04/2012 **Pardee**

** 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.