FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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* DEBENEDICTIS NICHOLAS | | | | | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC] | | | | | | | | | | | | nip of Reporting Person(s) to oplicable) ector 10% | | | Issuer Owner | | |
|--|------|---------------------|-------------------------------|--|--|---|---------|--------------|---|--|---------------------|----------|-------------|---|------------------------|--|--|--|--|-----------------|--|--|
| | | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2013 | | | | | | | | | | | | Officer (give title below) | | Other (specify below) | | | |
| 54TH FLOOR | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) CHICAG | O IL | (| 50603 | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tabl | le I - Noi | n-Deriv | ative | Se | curitie | es Acc | quired, | Dis | posed o | f, or | Ben | efic | ially | Owne | ed | | | | | |
| Dat | | | 2. Transa Date (Month/I | n/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Securi Benefi Owned | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | Amount | - 1 | A) or D) | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock (Deferred Stock Units) | | | 12/31/2013 | | | | | A | | 887 | | A | \$2 | 8.2 | 22,834 ⁽¹⁾ | | I | | By Exelon Directors' Deferred Stock Unit Plan | | | |
| Common Stock | | | | | | | | | | | | | | | | 5,000 | | | D | | | |
| | | Та | able II - I) | | | | | | | | sed of, onvertib | | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | n Date, ay/Year) | | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O F D O (I | 0. Ownership Form: Direct (D) or Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

1. Balance includes 239 shares acquired on December 10, 2013 through automatic dividend reinvestment.

Remarks:

Scott N. Peters, Esq., Attorney

in Fact for Nicholas

01/02/2014

DeBenedictis

** 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.