FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20070

wasnington, D.C. 20549	

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average	burden								

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Form 3	Holdings Repo	OWNERSHIP											hours per response:				
Form 4	Transactions F	Reported.	File	ed pursuant to or Section													
1. Name and Address of Reporting Person* <u>Velazquez David M</u>			2. Issuer N	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]						í	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 10 S. DEARBORN STREET 54TH FLOOR				12/31/20)17				Ended (Mo		,	X	Pres.	& CE(O, Pepo	belov co Holdi	ngs
(Street) CHICAC	GO IL	_ 4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tabl	e I - Non-Deriv	ative Sec	uriti	es A	cquire	d, D	isposed	of, or I	3enefici	ially	Owne	d			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution D	Execution Date, Tr		3. 4. Securities Acqu Of (D) (Instr. 3, 4 and			or Dispose	5. Amount of Securities Beneficially Owned at end		s Ily	6. Owne Form: (D) or	rship Direct	7. Nature of Indirect Beneficial Ownership			
			(Worldingay)	man bay reary of		5)		unt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indire (Instr.	ct (I)	(Instr. 4)	
Common	Stock												7,1	.60		D	
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls,									Owned				
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)	4. Transaction Code (Instr. 8)			vative (Month/ urities uired or osed) r. 3, 4		e Exercisable and titon Date h/Day/Year)		and t of ies ving ve Security and 4)	8. Price of Derivative Security (Instr. 5)		9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownersh Form: Direct (D or Indired (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares	er					
Restricted Stock Unit Awards	\$0						(1)		(1)	Commo Stock	n 13,613	3		13,61	13 ⁽²⁾	D	
Restricted	1										1						

- 1. Restricted stock unit awards made pursuant to the Exelon Long Term Incentive Plan. Share awards are made annually in January at the Compensation and Leadership Development committee's meeting and vest in 1/3 increments on the date of the committee's January meeting in the first, second and third years after the award was made.
- 2. Balance consists of unvested shares remaining from the awards granted in January of the previous three years along with shares acquired through automatic dividend reinvestment as follows: 120, 119, 115 and 108 shares acquired on March 10, 2017, June 9, 2017, September 8, 2017 and December 9, 2017 respectively.
- 3. Restricted stock grant made pursuant to the Exelon Long Term Incentive Plan. 100% of the shares will vest on April 25, 2020.

Remarks:

Stock Unit

04/25/2016

Grant

Scott N. Peters, Esq. Attorney 01/19/2018 in Fact for David M. Velazquez

10,000

** Signature of Reporting Person Date

10,000

Stock

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.