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

Washington,	D.C.	20549

STATEMENT O	F CHANGES IN	BENEFICIAL	OWNERSHIP

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

Name and Address of Reporting Person* DEMARS BRUCE														Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2004) <i>}</i>		cer (give title Oth			er (specify		
37TH FLOOR				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	O IL	6	60603										1 1	Forn	Form filed by One Reporting Pe Form filed by More than One Re Person					
(City)	(St	ate) (Zip)																	
		Tabl	e I - No	on-Deriva	ative	Seci	uritie	s Acc	quired	l, Dis	sposed o	f, or E	Benefi	ciall	y Owne	ed				
Date			2. Transact Date (Month/Day			Execution Date, r) if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a) 5)		and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Amount	(A) o (D)	r Pric	e	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)				
Common Stock (Deferred Stock Units)			06/30/2	2004				A		381	A	\$33	2.79	6,903 ⁽¹⁾		I		By Exelon Directors' Deferred Stock Unit Plan		
Common Stock (Deferred Stock Units)														1,1	21 ⁽²⁾	I]	By Unicom Directors' Retirement Plan		
Common	Common Stock												8,987(3)			D				
		Та	ble II -								osed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 33. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year)		Transac Code (In 3)	saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe		3 De Se	8. Price of Derivative Security (Instr. 5) Reported Transacti (Instr. 4)		Ow Fo Dir or (I)	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

Explanation of Responses:

- 1. Balance includes 3,234 shares acquired as a result of a 2 for 1 stock split in the form of a dividend that was distributed as of May 5, 2004. Balance also includes 54 shares acquired on 06/10/2004 through the automatic dividend reinvestment feature of Exelon plans.
- 2. Balance includes 556 shares acquired as a result of a 2 for 1 stock split in the form of a dividend that was distributed as of May 5, 2004. Balance also includes 9 shares acquired on 06/10/2004 through the automatic dividend reinvestment feature of Exelon plans
- 3. Balance includes 4,456 shares acquired as a result of a 2 for 1 stock split in the form of a dividend that was distributed as of May 5, 2004. Balance also includes 75 shares acquired on 06/10/2004 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

Scott N. Peters, Attorney in Fact for Bruce DeMars

07/01/2004

** 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.