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
Instruction 1(b).

STATEMENT OF 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* CANNING JOHN A JR						2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]										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) 12/31/2015											give title	Other (sp below)		specify			
54TH FLOOR					4. I1	f Amei	ndmen	t, Date	of Origina	l Filed	(Month/D		6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) CHICAC	treet) HICAGO IL 60603												X		filed by One R		•					
(City)	(SI	tate)	(Zip)													. 0.00						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date				2. Transa Date (Month/D		ur) E	any	ned n Date, Day/Yea	Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			l and Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)			
Common Stock (Deferred Stock Units) 12/31/.					/2015				A	A		944		\$26.	i.48 23,		096 ⁽¹⁾		I	By Exelon Directors' Deferred Stock Unit Plan		
Common Stock														5,000		000	D					
	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. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Ex Expiration (Month/Da	n Date	ble and 7. An Se Un		7. Title and Amount of Securities Jnderlying Derivative Secu Instr. 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersi Form: Direct (I or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title		or Number of Shares	er							
Deferred Comp. Phantom	(2)								(2)		(2)		nmon ock	1,152			1,152 ⁽³	6)	D			

Explanation of Responses:

- $1.\ Balance\ includes\ 256\ shares\ acquired\ on\ December\ 10,\ 2015\ through\ automatic\ dividend\ reinvestment.$
- 2. Phantom share equivalents representing units held in the Exelon stock fund in a multi-fund, non-qualified deferred compensation plan. The Exelon stock fund is a unitized fund that consists of Exelon common stock and short term investments. Units of the fund will be settled upon the reporting person's separation from the board for any reason. Units will be settled in cash. Units are acquired through regular periodic contributions of deferred board compensation and the reinvestment of dividend equivalents. The balance of phantom share equivalents may fluctuate from time to time due to fluctuations in the fund
- 3. Balance as of December 31, 2015. Balance includes 12 share equivalents accrued on November 10, 2015 through automatic dividend reinvestment.

Remarks:

01/04/2016 in Fact for John A. Canning,

** 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.