## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours ner resnonse.      | 0.5       |  |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| Instruction   | s may continue<br>1 1(b).   | . See                                      |  | File    |   |   |   |       |  |     | ies Exchan   |  | 1934                              |                                    |  | hours  | per res   | sponse:  | 0.5   |
|---|---|--|--|---------|---|---|---|-------|--|-----|--|--|-----------------------------------|------------------------------------|--|--|---|--|---|
| 1. Name and Address of Reporting Person*  JOSKOW PAUL L     |   |  |  |         |   | or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  EXELON CORP [ EXC ]  |   |       |  |     |  |  |                                   |                                    | ationship o<br>k all applica<br>Director | ,  |   | on(s) to Iss   |   |
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET 54TH FLOOR |   |  |  |         | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2021 |   |   |       |  |     |  |  |                                   |                                    | Officer (<br>below)                      | (give title  | Other (spi<br>below)  |  | specify   |
| (Street)  |   | 60   | 0603   |         | 4. If <i>i</i>  | 4. If Amendment, Date of Original Filed (Month/Day/Year)      5. Individual or Joint/Group Filing (Check Application)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |       |  |     |  |  |                                   |                                    |  |  | n   |  |   |
| (City)  | (State  | e) (Z                                      | p)   |         |   |   |   |       |  |     |  |  |                                   |                                    |  |  |   |  |   |
|   |   | Table                                      | e I - Non                                    | -Deriv  | ative   | Secu  | uritie  | s Acq | uired,   | Dis | posed o  | f, or Be   | nefici                            | ally                               | Owned                                    |  |   |  |   |
| Date  |   |  |  |         | Day/Year)   |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |       | 3.<br>Transaction<br>Code (Instr.<br>8)                        |     | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |  |                                   |                                    |  | s<br>lly<br>ollowing   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|   |   |  |  |         |   |   |   |       | Code   | v   | Amount   | (A) or<br>(D) Pri  |                                   | )                                  | Transacti                                | Transaction(s)<br>(Instr. 3 and 4)   |   |  | (111501. 4)   |
| Common Stock (Deferred Stock Units)                         |   |  | 09/30/2021                                   |         |   | A   |   |       |  | 776 | A  | \$49   | ).91                              | 52,437(1)                          |  | I  |   | By<br>Exelon<br>Directors'<br>Deferred<br>Stock<br>Unit Plan             |   |
| Common Stock  |   |  |  |         |   | $\top$  |   |       |  |     |  |  |                                   |                                    | 2,0                                      | 00   |   | D  |   |
|   |   | Та   |  |         |   |   |   | •     |  | •   | osed of,<br>onvertil                                       |  |                                   | -                                  | wned                                     |  |   |  |   |
| Derivative<br>Security<br>(Instr. 3)                        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | n Date, | 4.<br>Transactio  |   | 5. Number of  |       | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |     |  | 7. Title at<br>of Securi<br>Underlyi<br>Derivativ<br>(Instr. 3 a | ties<br>ng<br>e Securi            | nt 8. Price of Derivative Security |  | 9. Number<br>derivative<br>Securitie<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>ally<br>g   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)                 |
|   |   |  |  |         | Code  | v   | (A)   |       | Date<br>Exercisa   |     | Expiration<br>Date   | Title  | Amou<br>or<br>Numb<br>of<br>Share | er                                 |  |  |   |  |   |
| Deferred<br>Compensation<br>- Phantom<br>Share              | (2)   |  |  |         |   |   |   |       | (2)  |     | (2)  | Common<br>Stock  | 7,439                             | <b>)</b> (2)                       |  | 7,439  | (2)   | D  |   |

## Explanation of Responses:

- 1. Balance includes 393 shares acquired on September 10, 2021 through automatic dividend reinvestment.
- 2. Phantom share equivalents in the reporting person's Exelon stock fund account that is part of a multi-fund, non-qualified deferred compensation plan and that will be settled in cash on a 1 for 1 basis upon the termination of the reporting person's service. Balance reflects 58 share equivalents accrued on August 12, 2021 through automatic dividend reinvestment.

Elizabeth M. Hensen, Attorney in Fact for Paul L. Joskow

10/01/2021

\*\* 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.