FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	DС	20549	
asimigion,	D.O.	20070	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

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

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* Lillie Charisse R				EX	2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]									Relationship eck all appli X Direct	cable)	*		wner			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023										Officer (give title below)		Other (below)	specify		
10 S DEARBORN STREET 54TH FLOOR				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	60 IL		50603											X Form filed by One Reporting Person Form filed by More than One Reporting Person							
					Rule 10b5-1(c) Transaction Indication																
(City)	(St	ate) (Zip)			Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins															
		Tabl	e I - Noı	n-Deriv	ative	Sec	uritie	s Ac	quire	l, Dis	posed	of, c	or Ben	eficial	ly Owne	d					
		2. Transaction Date (Month/Day/Year)		r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefic	es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
										v	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			(Instr. 4)		
Common stock- deferred stock units			12/31/2023					A		1,05	1,052		\$39.2	1 2,5	349 ⁽¹⁾	I		By Exelon Corp. Directors Deferred Stock Unit Plan			
Common stock														7,246		D					
		T									osed of				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transaction Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Titl Amou Secu Unde Deriv				Fitle and nount of curities derlying rivative S str. 3 and	14)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Titl		Amount or Number of Shares							
Deferred phantom share equivalents	(2)								(2)		(2)		mmon tock	3,556		3,556 ⁽⁾	3)	D			

Explanation of Responses:

- 1. Balance includes 16 additional shares acquired through automatic dividend reinvestment.
- 2. Phantom share equivalents held in the reporting person's Exelon stock fund account that is part of a multi-fund, non-qualified deferred compensation plan. Phantom share equivalents will be settled for cash on a 1 for 1 basis upon the termination of the reporting person's service to the board of directors.
- 3. Balance includes 31 additional phantom share equivalents that were accrued to the account by the plan administrator on the ex-dividend date.

Remarks:

Elizabeth M Hensen, attorneyin-fact for Charisse R Lille ** Signature of Reporting Person

01/02/2024

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.