FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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

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1. Name and Address of Reporting Person* STROBEL PAMELA B					2. Issuer Name <b>and</b> Ticker or Trading Symbol  EXELON CORP [ EXC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<b>STROBE</b>	<u>L PAME</u>	LA B		Lizzi		1100	JICI	L DAC	J					Director	r		10% Ov	vner	
(Loot)	/Firet	\	iddlo)	3 Da	te of F	arliest	Transa	ction (Mo	nth/Γ	)av/Year)		$\dashv$	X	Officer below)	(give title		Other (s below)	specify	
(Last) (First) (Middle)  10 SOUTH DEARBORN STREET					3. Date of Earliest Transaction (Month/Day/Year) 05/14/2004							<b>Executive Vice President</b>							
		KN SIKEEI																	
37TH FLOO	OR			4 If Δ	mend	ment [	Date of	Original F	-iled	(Month/Day	//Vear)	- 6	Indiv	idual or le	oint/Group	Filing	(Check Apr	licable	
(Street)				"	unena	ment, L	Jale of	Originari	iieu	(WOTH #Day	y/ rear)		ne)	nddai oi o	Jille Oloup	ı ııııg	(Officer App	nicable	
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		Table	e I - Non-Deriv	rativo	S001	ritio		uirod	Dic	nosad a	f or Bor	oficia	My i	Ownod					
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1. Title of Security (Instr. 3) 2. Trans Date				Execution Date,			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4				nd	5. Amour Securitie	s Forr		n: Direct	7. Nature of Indirect			
(N				Day/Year		if any (Month/Day/Year)		Code (Instr.   5)					Beneficially Owned Following		(D) or Indirect (I) (Instr. 4)	str. 4)	Beneficial Ownership		
								Code V		Amount	(A) or	Price	Reported Transact					(Instr. 4)	
									<u> </u>	Airiount	(D)	FIIC		(Instr. 3 a					
		Та	ble II - Deriva	tive S	ecur	ities	Acqu	ired, D	ispo	osed of,	or Bene	ficial	у О	wned					
			(e.g., p	outs, c	alls,	warr	ants,	option	s, c	onvertib	le secu	rities)							
1. Title of	2.	3. Transaction	3A. Deemed	4.			mber	6. Date Exercisable and 7. Title and				8. Price of		9. Number		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transaction Code (Instr.				Expiration Date Amount of (Month/Day/Year) Securities				Derivativ Security		derivative Securities	Forn	Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Yea				8)		Securities Acquired		Underlying Derivative Sec						Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security (A) or (Instr. 3 an							'	Following		g (I) (Inst	(I) (Instr. 4)							
		Disposed of (D)									Reported Transaction	on(s)							
	(Instr. 3, 4 and 5)									(Instr. 4)									
				$\vdash$						1		Amou	ount						
												or Numb							
								Date		Expiration		of							
				Code	٧	(A)	(D)	Exercisat	ole	Date	Title	Share	•						
Deferred Compensation	(1)	05/44/200		Ι.				(1)		(1)	Common			-21.15		,			
- Phantom Shares	(1)	05/14/2004		A		32		(1)		(1)	Stock	32		\$31.45	3,546 <sup>(2</sup>	د)	D		

## **Explanation of Responses:**

- 1. Phantom shares held in a multi-fund deferred compensation plan to be settled for cash upon the reporting person's termination of employment for any reason on a 1:1 basis. Shares are acquired through regular periodic contributions and the automatic reinvestment of dividends.
- 2. Balance includes 1,757 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.

## Remarks:

Scott N. Peters, Esq. Attorney in Fact for Pamela B. Strobel 05/18/2004

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\ast}$  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.