FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	OMP Number: 3

ATEMENIT	OF CHANCES	IN BENEFICIAL	OWNEDGUID
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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

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average bur	den							
l	hours per response:	0.5							

1. Name and Address of Reporting Person* RICHO ANNA					2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]									(Ch	Relationship eck all appli X Directo	cable)	g Pers	son(s) to Iss 10% O	
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2023									Officer below	(give title		Other (: below)	specify				
10 S DEARBORN STREET 54TH FLOOR					4. If	Line)									•				.
(Street) CHICAGO IL 60603						X Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City)			Zip)		Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(31	ale) (ΖΙ <i></i> Ρ)			Check satisfy	this bo the affi	x to ind irmative	licate that a	a trans ondition	action was ons of Rule	made 10b5-	pursuan -1(c). See	t to a con e Instructi	tract, instructi on 10.	on or written	plan ti	hat is intende	ed to
		Tabl	e I - Noi	n-Deriv	ative	Sec	uritie	es Ac	quired	, Dis	posed	of, c	or Ben	eficial	ly Owne	d			
1. Title of Security (Instr. 3)			2. Transa Date (Month/E	Ex Day/Year) if a		A. Deemed Execution Date, f any Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	Amount (A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			(111341. 4)
Common stock- deferred stock units				12/31	12/31/2023				A		1,052		A	\$39.2	1,7	1,732 ⁽¹⁾		I	By Exelon Corp. Directors Deferred Stock Unit Plan
		Т									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	Date, Transac		ction	1	vative vities vired r osed)	6. Date E Expiratio (Month/E	xercis	able and	7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares					
Deferred phantom share	(2)	12/31/2023			Α		870		(2)		(2)		mmon tock	870	\$35.9	1,416 ⁽²	3)	D	

Explanation of Responses:

- 1. Balance includes 6 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 5 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 Anna Richo

01/02/2024

** 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.