SEC Form 5

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FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Ir OMB APPROVAL

	OVAL						
OMB Number: 3235-0362							
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obligat Instruc	tions may contir tion 1(b). Holdings Rep	nue. See	ANNUA	JAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP										35-0362 1.0				
Form 4	Transactions I	Reported.	File	ed pursuant to or Section					urities Excha Company Ac									
1. Name and Address of Reporting Person* Souza Fabian					2. Issuer Name and Ticker or Trading Symbol <u>EXELON CORP</u> [EXC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (speci					er	
(Last) (First) (Middle) 10 S. DEARBORN STREET					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020							SVP and Corporate Controller						
(Street) CHICAGO IL 60603				- 4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)																		
			e I - Non-Deriv				cquire		•	•			1					
Date (Month/Day/Year)				Execution D if any			saction e (Instr.	4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)				5. Amoun Securities Beneficia Owned at		s Own Illy Form		ership Indi : Direct Ben		ure of ct icial rship
					()			Amo	unt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirec (Instr.		(Instr. 4)	
Common	Stock								14,0		516		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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv	r osed) 1. 3, 4	6. Date Expira (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		L1. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exerci:	Date Expiration Exercisable Date		Title	Amo or Num of Shar	ber						
2018 Restricted Stock Unit Awards	\$0						(1))	(1)	Comm Stock		76		2,07	6 ⁽²⁾	D		
2019 Restricted Stock Unit Awards	\$0						(1))	(1)	Comm Stock		51		3,25	1 ⁽³⁾	D		
2020					1	1	1			1		- I.						

Explanation of Responses:

\$<mark>0</mark>

Restricted

Stock Unit

Awards

1. Previously awarded restricted stock units (RSUs) granted pursuant to the Exelon Long Term Incentive Plan. RSUs are granted annually at the Compensation and Leadership Development committee's first meeting in January or February and vest in 1/3 increments on the date of the committee's first annual meeting in the first, second and third years after the award was granted. Award balances accrue additional RSUs through quarterly dividend reinvestment that vest on the same schedule as the underlying award.

(1)

2. Balance includes 78 shares acquired through quarterly dividend reinvestment during 2020.

3. Balance includes 122 shares acquired through quarterly dividend reinvestment during 2020.

4. Balance includes 178 shares acquired through quarterly dividend reinvestment during 2020.

Elizabeth M. Hensen,
Attorney-in-Fact for Fabian

Commor

Stock

(1)

01/20/2021

4,737(4)

D

<u>Souza</u> ** Signature of Reporting Person

4,737

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.