FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* SHATTUCK MAYO A III				2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) 10 SOUT 54TH FL		rst) ORN STREET	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2016									Officer (give title below) Chairman of the Board				
(Street)	et)				4. If An	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)	(St		(Zip)																
1 Title of C	`agurity (Ingt		le I - Nor	1-Deriva 2. Transa		2A. Dee		juired, 3.	Disp							ount of	6. Ownership	7. Nature	
1. Title of Security (Instr. 3)		Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.						4 and Sec Ber		ties cially I Following	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount		(A) or (D)	Pric	e	Transa	action(s) 3 and 4)		(111501.4)		
Common Stock (Def. Stock Units)			12/31/2016				A		1,039		A	\$3	4.9	13,344 ⁽¹⁾		I	By. Exelon Directors Deferred Stock Unit Plan		
Common Stock															30	67,649	D		
Common	Stock														2	,047 ⁽²⁾	I	By 401(k) plan	
Common Stock														10,000(3)		I	By Lizzie Mae, LLC		
		Ta	able II - I							sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year)		Date, 1	Transactio	n of E		5. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	Deri Secu (Inst	ivative urity : tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Turn la matian					Code V	(A)		Date Exercisal		Expiration Date	Title	or Nur of	ount mber ares						

- 1. Balance includes 111 shares acquired on December 9, 2016 through automatic dividend reinvestment.
- 2. Shares held as of November 30, 2016 in a multi-fund 401(k) Plan to be settled in cash upon the reporting person's termination of employment for any reason on a 1:1 basis. Shares are acquired through regular periodic contributions, company matching contributions, and the automatic reinvestment of dividends.
- 3. Lizzie Mae, LLC, is a limited liability company of which the reporting person is the manager and to which the reporting person transferred shares of his Exelon common stock. On December 18, 2012, the reporting person transferred 1/3 membership interests in Lizzie Mae, LLC, to each of three trusts, each one for the benefit of one of the reporting person's three minor children. The reporting person's wife is a trustee of each of the trusts. The reporting person disclaims beneficial ownership of the Exelon Corporation common stock held by Lizzie Mae LLC except to the extent of his pecuniary interest therein.

Remarks:

Scott N. Peters, Esq., Attorney 12/31/2016 in Fact for Mayo A. Shattuck Ш

** 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.