FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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vasiiiiigion,	D.C.	20549	

## 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 ]								(Ch	Relationship eck all appli X Direct	,		son(s) to Iss			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2023										Office below	(give title	Other (s 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)  X Form filed by One Reporting Person								
(Street)	O IL	(	50603												Form filed by More than One Reporting Person						
(City)	(St	ate) (	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant t satisfy the affirmative defense conditions of Rule 10b5-1(c). See I															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		Date	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		,   T	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			d (A) or r. 3, 4 and	Benefic	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									[	Code	v	Amount		(A) or (D)	Price	Transac	nsaction(s) etr. 3 and 4)			(Instr. 4)	
Common stock- deferred stock units			09/30	09/30/2023					A		1,017		A	\$40.5	58 1,7	781 <sup>(1)</sup>		I	By Exelon Corp. Directors Deferred Stock Unit Plan		
Common stock																7	246		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. Deem Executior if any (Month/Da	n Date,		Transaction of E Code (Instr. Derivative (N		6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)				Security d 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exe	e ercisabl		xpiration ate	Title		Amount or Number of Shares						
Deferred phantom share equivalents	(2)									(2)		(2)		nmon ock	0		3,515 <sup>(3</sup>	3)	D		

## **Explanation of Responses:**

- 1. Balance includes 7 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

10/02/2023

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.