FORM 4

obligations may continue. See

Instruction 1(b)

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

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

1. Name and Address of Reporting Person* HILZINGER MATTHEW F (Last) (First) (Middle) 10 SOUTH DEARBORN STREET 37TH FLOOR																heck	all appli Directo	cable) or	g Per	son(s) to Iss 10% Ov Other (s	wner
						3. Date of Earliest Transaction (Month/Day/Year) 09/19/2003										X	Officer (give title below) Vice President and			below)	
(Street)			60603		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)	(Si	•	(Zip)		<u> </u>		•••								<u>.</u>						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action	2A. Deemed Execution Date,			a. 3. Transaction Code (Instr.			4. Secui	I. Securities Acquired (A) Disposed Of (D) (Instr. 3,				5. Amou Securitie Benefici	nt of es ally -ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	ode V		unt (A) or (D)		Price	ioo Trai		Transaction(s) (Instr. 3 and 4)			(111501.4)
Common Stock															1,232(1)			D			
Common Stock (Deferred Shares)															549 ⁽²⁾		I		By Stock Deferral Plan		
Common Stock (401k Shares)														191 ⁽³⁾			I	By 401(k) Plan			
		Т	able II - I	Derivat (e.g., pı												/ O	wned				•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, 1	4. Transactio Code (Inst				6. Date Exercisab Expiration Date (Month/Day/Year)				e and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			De Se	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	ode V		(D)	Dat	te ercisable		xpiration ate	Title	1	amount or lumber of Shares						
Deferred Comp Phantom	\$0 ⁽⁴⁾	09/19/2003			A		8		08	3/08/1988	08	/08/1988	Comi		8	,	\$63.1	99 ⁽⁴⁾	Ì	D	

Explanation of Responses:

- 1. Balance includes 31 shares acquired on 03/10/2003, 06/10/2003 and 09/10/2003 through the automatic dividend reinvestment feature of Exelon plans.
- 2. Balance includes 14 shares acquired on 03/10/2003, 06/10/2003 and 09/10/2003 through the automatic dividend reinvestment feature of Exelon plans.
- 3. Shares held as of 09/10/2003 in a multi-fund 401(k) account to be settled for cash on a 1:1 basis upon the reporting person's termination of employment for any reason. Shares are acquired through regular periodic contributions and the reinvestment of dividend equivalents.
- 4. Phantom shares held in a multi-fund deferred compensation account to be settled for cash on a 1:1 basis upon the reporting person's termination of employment for any reason. Shares are acquired through regular periodic payroll contributions and the reinvestment of dividends. Balance includes 1 share aquired on 09/10/2003 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

Shares

Scott N. Peters, Attorney in Fact for Matthew F. Hilzinger

09/23/2003

** 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.