FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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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* <u>Crane Christopher M.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXELON CORP</u> [EXC] | | | | | | | | (Ch | eck all appl Direct | icable) | g Pei | rson(s) to Iss 10% Ov Other (s | vner | | |
|--|--|--|---|---------|---|---|---------|---------------------------------------|------------------|---|--|--|-----------------|---|--|---|--------------------------------------|---|--|--|
| (Last) 10 SOUT | ` | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2010 | | | | | | | | | X below | | | below) | | |
| 54TH FLOOR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | GO IL | | 60603 | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | | |
| (City) | (Si | ate) (| Zip) | | | Person | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Se | curitie | es Ac | quirec | l, Di | spos | ed o | of, or Be | enet | ficial | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date | | | , Transaction Disp Code (Instr. 5) | | | curities Acquired (A osed Of (D) (Instr. 3, | | | Benefic | ties Fo cially (D) I Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Am | nount | (A) or (D) | | Price | Transa | action(s) 3 and 4) | | | (111511. 4) |
| | 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 D if any (Month/Day | Date, | I. Fransaction Code (Instr. B) | | n of E | | Expiration | 5. Date Exercisab Expiration Date Month/Day/Year) | | Amount of Securities Underlying | | of es ing ve Security | | 8. Price of Derivative Security (Instr. 5) | | ily I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisa | | Expirat Date | tion | Title | or Nur of | ount mber ires | | | | | |
| Deferred Comp Phantom Shares | (1) | 05/07/2010 | | | A | | 23 | | (1) | | (1) | | Common Stock | 2 | 23 | \$41.54 | 1,481 | | D | |

Explanation of Responses:

1. Phantom shares held in a multi-fund deferred compensation plan to be settled for 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.

Remarks:

Scott N. Peters, Attorney in Fact for Christopher M. Crane

05/11/2010

** 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.