FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* SHATTUCK MAYO A III					2. Iss <u>EX</u>	2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SHATTUCK MATU A III						,,									Direc	tor er (give title		10% O	wner specify	
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET 54TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2021									belov		Λ	below)		
(Street)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
CHICAG	O II	IL 60603														X Form filed by One Reporting Person				
(City)	(\$	State)	(Zip)											Perso		ore than One Rep		orting		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execu	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securities Beneficially Owned Followi		ies cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock (Deferred Stock Units) 06/30/2					2021				A		830	A	\$	46.71	32,	933(1)		I	By Exelon Directors Deferred Stock Unit Plan	
Common Stock															26	7,649		D		
Common Stock															10,	000(2)		I	By Lizzie Mae, LLC	
Common Stock (401k shares)															2,0	329 ⁽³⁾		I	By 401(k) plan	
	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)	Title of 2. 3. Transaction 3A. Deeme erivative Conversion Date Execution I generate or Execution I (Month/Day/Year)			emed ion Date,			5. Number of		6. Date Exerc Expiration Da		isable and	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) ((D)	Date Exercis	able	Expiration Date		Amou or Numb of Share	er						
Explanation	of Respon	ises:																		

- 1. Balance includes 261 shares acquired on June 10, 2021 through automatic dividend reinvestment.
- 2. The reporting person is a manager of Lizzie Mae, LLC, whose members are trusts for the benefit of the reporting person's children. 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.
- 3. Shares held as of June 30, 2021 in a multi-fund 401(K) plan updated to reflect additional shares in the account acquired through automatic dividend reinvestment.

Elizabeth M. Hensen, Attorney in Fact for Mayo A. 07/01/2021 Shattuck III

** Signature of Reporting Person

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.