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

| STATEMENT OF CHANGES IN BENEFICIAL OV | VNERSHIP |
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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* GILLIS RUTH ANN M | | | | | EX | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC] | | | | | | | | | eck all appl Direct | icable) or r (give title | g Per | rson(s) to Iss 10% Ov Other (s below) | vner |
|---|---|--|--|--------|--|---|--------|------|---|------|------------------|--|--------------------------------|--|---|--|---|--|--|
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET 54TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/29/2008 | | | | | | | | | | xecutive V | ice I | , , | |
| (Street) | GO IL | . (| 50603 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Si | | Zip) e I - Non- | Deriva | ative | Se | curiti | es A | cauired | Dis | posed | of. or B | enef | iciall | v Owne | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | ction 2A. Deemed Execution Date | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | a) or 4 and | 5. Amou Securiti Benefic | unt of 6. O Form (D) (I) (I) (I) (I) (I) (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 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 Date if any (Month/Day/Yea | ate, T | 4. Transacti Code (Ins 8) | | | | 6. Date E: Expiratio (Month/D | Date | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | (D) | Date Exercisal | | xpiration ate | Title | Amo or Num of Sha | nber | | | | | |
| Deferred Comp. Phantom Shares | (1) | 02/29/2008 | | | A | | 12 | | (1) | | (1) | Common Stock | 1 | 2 | \$74.85 | 238 | | 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 Ruth Ann M. Gillis

03/03/2008

** 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.