FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burde	en								
Ш	houre por roeponeo:	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

1. Name and Address of Reporting Person* GIN SUE L			2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]								(Ch	5. Relationship of Reporting Person((Check all applicable) X Director				Ssuer Owner		
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET			3. Date of Earliest Transaction (Month/Day/Year) 12/31/2003									Officer below)	(give title)	Other below	(specify		
37TH FLOOR (Street)				4. If A	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					
CHICAGO	IL	60	603											Form fil Person		ore than	One Rep	orting
(City)	(State		-			0							6: . : . !					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)			tion 2A. Deemed Execution Date,		3. 4. Securities A		s Acquired (A) or of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
										v	Amount	(A) or (D)	Price	Transactio (Instr. 3 an				,
Common Stock (Deferred Stock Units) 12/31/2				2003			A		196	A	\$63.9	3,029	3,025(1)		I	By Exelon Directors' Deferred Stock Unit Plan		
Common Stock (Deferred Stock Units)												1,275 ⁽²⁾		I		By Unicom Directors' Retirement Plan		
Common Stock													12,616 ⁽³⁾		D			
		Ta	ble II -								osed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) is	Executi if any	BA. Deemed Execution Date, f any Month/Day/Year)		ection Instr.	5. Number of		6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar	f g Security	8. Price of Derivative Security (Instr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte Transac (Instr. 4	ive ies cially ng ed ction(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
Deferred Compensation - Phantom Shares	(4)	12/31/2003			A		177		(4)		(4)	Common Stock	177	\$66.36	2,08	38 ⁽⁴⁾	D	

Explanation of Responses:

- 1. Balance also includes 22 shares acquired on 12/10/2003 through the automatic dividend reinvestment feature of Exelon plans.
- 2. Balance also includes 10 shares acquired on 12/10/2003 through the automatic dividend reinvestment feature of Exelon plans.
- 3. Balance also includes 75 shares acquired on 12/10/2003 through the automatic dividend reinvestment feature of Exelon plans.
- 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 contributions and the reinvestment of dividend equivalents. Balance includes 15 shares acquired on 12/10/2003 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

Scott N. Peters, Attorney in Fact for Sue L. Gin

01/02/2004

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

** Signature of Reporting Person

Date

* 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.