FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB API	PROVAL
OMB Number:	3235-0287
Estimated average	hurden

0.5

hours per response:

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

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*						2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SNODGRASS S GARY										-					irecto			10% O			
(Last) (First) (Middle)							Date of Earliest Transaction (Month/Day/Year)									(give title	e Other (s below)		specify		
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET						03/17/2006								Executive Vice President							
37TH FLOOR																					
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														ine) X F	orm f	iled by One	Don	orting Doroc			
CHICAC	GO IL		60603													iled by More		•			
															Persor		c triai	TOTIC Repo	rung		
(City)	(SI	tate)	(Zip)																		
		Tab	le I - Non	-Deriv	ative	Se	curiti	es A	cquired	l, Di	sposed	of, or B	enefici	ally Ov	vned	ŀ					
1. Title of Security (Instr. 3) 2. Transac					action	Execution Date ay/Year) if any			3.		4. Securities Acquired (A)					ies For			7. Nature		
Date (Month/Da					Day/Yea				Code (Instr. 5)			1str. 3, 4 a	Be	curitie neficia	or Indirect			of Indirect Beneficial			
					(Month/Day/Ye			ar) 8)		_	1	_	Reporte				Instr. 4)	Ownership (Instr. 4)			
									Code	• v	Amoun	nt (A) or Pr		e Tra			ansact str. 3 a				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
											convert										
1. Title of	2.	3. Transaction	3A. Deeme		4. Transaction Code (Instr 3)					. Date Exercisable		7. Title and		8. Pric		9. Number		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	· c					Expiration (Month/D			Amount of Securities Underlying Derivative Secur		Deriva Secur	ty Sec	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day											ity (Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
Security						(A) o	(Instr. 3 and 4)							Following Reported		(I) (Instr. 4)					
				of (D) (Instr. 3, 4										Transaction(s)							
							and 5)							_		()					
													Amoun	ıt							
									Date		Expiration		Number	·							
				(Code	V	(A)	(D)	Exercisa	ble	Date	Title	Shares								
Deferred Comp.												Common				<i>2</i> =-					
Phantom Shares	(1)	03/17/2006			A		14		(1)		(1)	Stock	14	\$55	.9	8,311 ⁽²⁾		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.
- $2.\ Balance\ includes\ 59\ shares\ acquired\ on\ 03/10/2006\ through\ the\ automatic\ dividend\ reinvestment\ feature\ of\ Exelon\ plans.$

Remarks:

Scott N. Peters, Attorney in Fact for S. Gary Snodgrass

03/20/2006

** 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.