FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasinington,	D.C.	20049

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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*						2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]									elationship o ck all applic Director	able)	Person(s) to Issu 10% Ov				
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2007										Officer below)	(give title		Other (s below)	pecify		
37TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CHICAGO	IL	60	603)	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State	e) (Zi	p)																		
		Table	l - Nor	า-Deriv	ative S	Secu	rities	s Acq	uired,	Dis	posed of	f, or	Ben	eficially	/ Owned						
			2. Transa Date (Month/D	2A. Deemed Execution Date, if any (Month/Day/Year)				ies Acquired (A) or Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount		A) or D)	Price	Reported Transacti (Instr. 3 a	ion(s)		[Instr. 4)		
Common Stock (Deferred Stock Units)				06/30/	80/2007				A		294		A	\$72.16	5 11,1	39(1)	I		By Exelon Directors' Deferred Stock Unit Plan		
Common St	Stock 30,635 ⁽²⁾ D								D												
		Та									osed of, onvertib				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	on Date,	4. Transaction Code (Instr. 8)		n of		6. Date E Expiratio (Month/E	on Dat		Amo Secu Undo Deriv	itle and ount of urities lerlying ivative : tr. 3 and	Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Owners Form Direct or Inc. (I) (Inc.)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares	nber						
Deferred Compensation - Phantom	(3)	06/30/2007			A		484		(3)		(3)		nmon ock	484	\$72.6	3,482 ⁽	(4)	D			

Explanation of Responses:

- 1. Balance also includes 66 shares acquired on 06/11/2007 through the automatic dividend reinvestment feature of Exelon plans.
- $2.\ Balance\ also\ includes\ 185\ shares\ acquired\ on\ 06/11/2007\ through\ the\ automatic\ dividend\ reinvestment\ feature\ of\ Exelon\ plans.$
- 3. 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.
- 4. Balance also includes 18 shares acquired on 06/11/2007 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

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

06/30/2007

** 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.