FORM 4

to Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden

OMB APPROVAL

hours per response. . .0.5 Filed By Romeo and Dye's

Section 16 Filer www.section16.net

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

 Name and Address of Reporting Person* 2. Issuer Name **and** Ticker or Trading Symbol 6. Relationship of Reporting Person(s) Exelon Corporation (EXC) to Issuer (Check all applicable) Director 10% Owner Moler, Elizabeth A. 3. I.R.S. Identification Number X Officer (give title below) Other (specify below) (Last) (First) (Middle) 4. Statement for of Reporting Person, Month/Day/Year 01/27/2003 Executive Vice President 10 South Dearborn Street, 37th Floor if an entity (voluntary) 7. Individual or Joint/Group Filing (Check Applicable Line) (Street) 5. If Amendment, Date of Original \mathbf{X} Form filed by One Reporting Person Chicago, IL 60603 (Month/Day/Year) Form filed by More than One Reporting Person (City) (State) (Zip) Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Title of Security 2. Trans-3. Trans-4. Securities Acquired (A) or Disposed 5. Amount of 6. Owner-Nature of Indirect 2A. ship Form: Beneficial Ownership Deemed action of (D) Securities (Instr. 3) action Date Execution Code (Instr. 3, 4 & 5) Beneficially Direct (D) (Instr. 4) (Month/ Day/ Date. (Instr. 8) Owned Followor Indirect (ear if anv ing Reported (I)Code Amount (A) Price Month/Dav (Instr. 4) Transactions(s) or Year) (Instr. 3 & 4) (D) Common Stock 01/27/2003 Α Α D 7.000 Common Stock 01/27/2003 F 50 D \$49.61 16,978 D Common Stock (Deferred Ι By Stock Deferral 14,341(2) Plan Shares)

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

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 control number

FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 5. Number of Derivative 6. Date 7. Title and Amount 8. Price of 9. Number of 10. 11. Nature 1. Title of 2. Conver-3. TranslзА. of Underlying Trans-Derivative Derivative sion or action Date Deemed Securities Acquired (A) or Exercisable Derivative Ownerof Indirect Security Exercise Execution action Disposed of (D) and Expiration Securities Security Securities ship Beneficial Price of (Month Date (Instr. 3 & 4) (Instr. 5) Beneficially Form Ownership Date. Code Day/ (Instr. 3) Derivative if anv (Instr. 3, 4 & 5) (Month/Day Owned Instr. 4) Year) Year) (Month/ Security (Instr. Following Deriv-Day/ Reported lative Year) Transaction()|Security: Direct (Instr. 4) Code (A) (D) Date Expira-Title Amount (D)Exerltion cisable Date Number Indirect lοf (I)Shares (Instr. 4) \$49.61 01/27/2003 27,000 NQ Stock A 27,000 (3) Common 27,000 D Options 01-Stock

Explanation of Responses:

27-2003

- (1) Shares awarded pursuant to the Exelon Long Term Incentive Plan. 1/3 of award vested immediately and were deferred into the Stock Deferral Plan, net of shares withheld and sold to satisfy the tax liability.
- (2) Includes 2,333 shares deferred as noted in (1) above net of shares withheld for taxes.
- (3). Non-qualified stock options vest in 1/4 increments on the first four anniversaries of the grant date (referenced in Column 1) and expire ten years from the grant date unless terminated earlier under the terms of the option plan or grant.

By: /s/ Scott N. Peters, Esq. Attorney in Fact for Elizabeth A. Moler 01/29/2003 Date

**Signature of Reporting Person

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).

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.