FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number:

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|--|---------------|--------|---|---|----------------------------|-----|---|-----------|---------------------------|--------|---|-------|------------------------|---|-------------------------------|---|---|--|---------------|--|
| 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) | | | | | | |
| <u>DIBONA JR G FRED</u> | | | | | | | | | | | | | | X | | | 10% Owner | | | |
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2004 | | | | | | | | | | Offic belov | er (give title w) | | her (specify low) | | | |
| 37TH FL | | | | | \vdash | | | | | | | | | _ | | | | | | |
| | | | | | 4. If | Am | endmen | t, Date o | of Origina | l File | d (Month/Da | ay/Ye | ear) | | 6. Indi Line) | vidual o | r Joint/Grou | p Filing (Che | ck Applicable | |
| (Street) | | | | | | | | | | | | | | | X | Forn | n filed by On | e Reporting | Person | |
| CHICAC | GO IL | | 50603 | | | | | | | | | | | | | Forn Pers | | re than One | Reporting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | le I - No | | | _ | | | . | , Dis | posed o | f, o | r Ber | efic | ially | Owne | ed | | | |
| , , , , | | | 2. Transaction Date (Month/Day/Year | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | | and Secu Ben Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | t Indirect ct Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) Pri | | е | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock (Deferred Stock Units) | | | 09/30/2004 | | | | | A | | 332 | | A | \$37 | 7.68 7 | | 29 1 ⁽¹⁾ | I | By Exelon Directors' Deferred Stock Unit Plan | | |
| Common Stock (Deferred Stock Units) | | | | | | | | | | | | | | | 7,530 ⁽²⁾ | | I | By PECO Energy Directors' Stock Unit Plan | | |
| Common | Stock | | | | | | | | | | | | | | 1,600 | | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | wned | | , | • | |
| | I . | I | | | | all | | | | | | _ | | | _ | | | . 1 | 1 | |
| Derivative Conversion Date Security or Exercise (Month/Day/Year) i | | if any | ition Date, T | | ransaction Code (Instr. | | n of | | Exerci on Da Day/Yo | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | J | Der Sec (Ins | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Insti | Beneficial Ownership ect (Instr. 4) | | |
| | Code V (A) (I | | (D) | Date Exercisa | or Num | | | | ımber | | | | | | | | | | | |

Explanation of Responses:

- 1. Balance also includes 56 shares acquired on 09/10/2004 through the automatic dividend reinvestment feature of Exelon plans.
- $2. \ Balance \ also \ includes \ 60 \ shares \ acquired \ on \ 09/10/2004 \ through \ the \ automatic \ dividend \ reinvestment \ feature \ of \ Exelon \ plans.$

Remarks:

Scott N. Peters, Attorney in Fact for G. Fred DiBona

10/01/2004

** 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.