FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

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

OMB Number: 3235-0287

OMB APPROVAL

Filed By Romeo & Dye's Instant Form 4 Filer

Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

1 0					Name and Ticker or T	rading Sy	mbol	6. Relationship of Reporting Person(s)					
				lon	Corporation (EXC)			to Issuer (Check all applicable)					
Clark, Frank M.								Director 10% Owner					
(Last)	(First) (Middle)	3. I.I	R.S.	Identification Number	4. Stat	ement for	$\underline{\mathbf{X}}$ Officer (give title below)	_ Other (spe	cify below)			
			of R	epo	rting Person,	Month	n/Day/Year						
10 South Dearbori	n Street, 37	7th Floor	if an	if an entity (voluntary)			02	Senior Vice President					
	(Street)			5. If Amendment,			7. Individual or Joint/Group Filing (Check Applicable Line)						
						Date o	of Original	X Form filed by One Reporti	ng Person				
Chicago, IL 60603				(Month/Day			h/Day/Year)	_ Form filed by More than One Reporting Person					
(City)	(State)	(Zip)		Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1. Title of Security	2. Trans-	2A. Deemed	3. Trans-		4. Securities Acquired ((A) or Dis	posed of (D)	5. Amount of	6. Owner-	7. Nature of Indirect			
(Instr. 3)	action	Execution	action C	ode	(Instr. 3, 4 & 5)			Securities	ship Form:	Beneficial Ownership			
		Date,	(Instr. 8)					Beneficially	Direct (D)	(Instr. 4)			
	(Month/ Day/	if any	Code	V	Amount	(A)	Price	Owned Follow-	or Indirect (I)				
	Year)	(Month/Day/	1			or l		ing Reported Transactions(s)	(Instr 4)	1			

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

or

FORM 4 (c	ontinued)				II - Derivative Securities Acquired, Disposed of, or Beneficially Owned puts, calls, warrants, options, convertible securities)									
1. Title of	2. Conver-	3. Trans-	3A.	4.	5. Number of	Derivative	6. Date Exercisable		7. Title and		8. Price of	9. Number of	10.	11. Nature
Derivative	sion or	action	Deemed	Trans-	Securities Acquired (A)		and Expiration		Amount of		Derivative	Derivative	Owner-	of Indirect
Security	Exercise	Date	Execution	action	or Disposed of (D)		Date Underlying		Security	Securities	ship	Beneficial		
	Price of		Date, Coo	Code	1		(Month/Day/		Securities		(Instr. 5)	Beneficially	Form	Ownership
(Instr. 3)	Derivative	Day/ Voor)	if any		(Instr. 3, 4 & 5)		Year)		(Instr. 3 & 4)			Owned	of	(Instr. 4)
	Security		(Month/	(Instr.	ľ							Following	Deriv-	l
		" /	Day/ Year)	8)							Reported	ative		
				l								Transaction(s)	Security:	
				Code	V (A)	(D)	Date Exer-	Expira-	Title	Amount	1	(Instr. 4)	Direct	
				ll	` ′	` ′	cisable	tion		or			(D)	
				1 1				Date		Number			or	
				ll						of			Indirect	
				1 1						Shares			(I)	
													(Instr. 4)	
Deferred	1 for 1	12/27/02		A	40		Immediately	None	Common	40	\$52.00	3,422(1)	D	
Comp				ll					Stock			_,		
Phantom														1 1
Shares														

Explanation of Responses:

(1) 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.

> By: /s/ Scott N. Peters, Esq. Attorney in Fact for Frank M. Clark

ing Reported Transactions(s)

(Instr. 3 & 4)

12/30/2002 Date

**Signature of Reporting Person

**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.

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