FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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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

| 1. Name and Address of Reporting Person* MCLEAN IAN P | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC] | | | | | | | | | | | all app Direc | | | | o Issuer 6 Owner er (specify | |
|--|--|------|-----------|------------------------------|---|--|---|------|---|--------|------|---|------|--|------------------------------|------------------------|---|---|---|--|------------------------------------|--|
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET 54TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2008 | | | | | | | | | | | belov | N) . | below) ice President | | | | |
| (Street) CHICAGO IL 60603 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indiv Line) X | , | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curiti | es A | cqı | uired, | Disp | osed o | f, o | r Bei | nefic | ially | Owne | ed | | | | |
| Date | | | | 2. Trans Date (Month/ | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | 4 and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Pri | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common stock 12/13 | | | | | 5/2008 | 2008 | | | | G | | 2,125(1) | | D | | (1) | | 45,697 | |) | | |
| Common Stock 12/1 | | | | | 5/2008 | /2008 | | | | G | | 1,275 ⁽ | 2) | () A | | (2) | | 1,275 |] | | By children | |
| Common stock (401k shares) | | | | | | | | | | | | | | | | | 902(3) | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| Derivative Security Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) | | | | 4. Transa Code (8) | (Instr | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | E (r | 6. Date Exercisable at Expiration Date (Month/Day/Year) Date Exercisable Expirat Exercisable | | | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Security (Instr. and 4) | | of g e instr. 3 mount r umber f | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owi For Dire or li (I) (I | nership m: ect (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Gift of shares made to reporting person's children and grandchildren.
- 2. Gift of shares made to reporting person's children who share the same household.
- 3. Shares held as of 11/30/2008 in a multi-fund 401(k) Plan to be settled in 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.

Remarks:

Scott N. Peters, Attorney in Fact for Ian P. McLean

12/16/2008

** 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.