### FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

**OMB APPROVAL** 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* BRENNAN EDWARD A						2. Issuer Name <b>and</b> Ticker or Trading Symbol EXELON CORP [ EXC ]								x Director	able)		Owner	
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET 37TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2005									below)	(give title	below		
(Street) CHICAGO					4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(State	<u> </u>																
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action	2A Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amour Securities Beneficia Owned Fe	nt of s ally 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	on(s)		(Instr. 4)	
Common Stock (Deferred Stock Units) 06/30					2005			A		306	A	\$49	8,41	18(1)	I	By Exelon Directors' Deferred Stock Unit Plan		
Common Stock (Deferred Stock Units)														3,7	11 <sup>(2)</sup>	I	By Unicom Directors' Stock Unit Plan	
Common Stock													8,13	34(3)	D			
		Та									sed of,			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	ned n Date,	d 4. Date, Transacti Code (Ins		5. Number of		6. Date Exercise Expiration Date (Month/Day/Yea		Amount of		d f g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amount or Number of Shares	1				
Deferred Compensation - Phantom Shares	\$0 <sup>(4)</sup>	06/30/2005			A		253		(4)		(4)	Common Stock	253	\$51.33	10,709	(5) D		

### **Explanation of Responses:**

- 1. Balance also includes 66 shares acquired on 06/10/2005 through the automatic dividend reinvestment feature of Exelon plans.
- 2. Balance also includes 30 shares acquired on 06/10/2005 through the automatic dividend reinvestment feature of Exelon plans.
- 3. Balance also includes 66 shares acquired on 06/10/2005 through the automatic dividend reinvestment feature of Exelon plans.
- 4. 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.
- 5. Balance also includes 85 shares acquired on 06/10/2005 through the automatic dividend reinvestment feature of Exelon plans.

### Remarks:

Scott N. Peters, Attorney in Fact for Edward A. Brennan

07/01/2005

\*\* Signature of Reporting Person

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.