FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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CTATEMENIT	OF CHANGES	IN DENIETICIAL	OWNIEDCLIID
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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* ROWE JOHN W					2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					EXELON COM [EAC]									Direct	or 10% (10% Ov	wner		
(Last)	(Fi	rst) ((Middle)		3. D	Date of Earliest Transaction (Month/Day/Year)								X	Office	r (give title ')		Other (s	specify	
10 SOUTH DEARBORN STREET					12/	12/04/2009								Chairman and CEO						
54TH FLOOR																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)						_ ,								Line)						
CHICAC	GO IL		60603											X Form filed by One Reporting Person						
(O:+)	(6)		(7:-)											Form filed by More than One Reporting Person						
(City)	(51	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Inst	tr. 3)		2. Transa	action									5. Amou				7. Nature		
Date (Month/Da						ar)	Execution Date, if any		Code (Code (Instr. 5)		sed Of (D) (Instr. 3,		ana	Securiti Benefic	eficially (D		orm: Direct D) or Indirect	of Indirect Beneficial	
							(Month/Day/Year			8)		1	_		Reported		(I) (In		Ownership (Instr. 4)	
								Code	v	Amount	t (A) or Pr		е	Transac (Instr. 3	and 4)					
		ive S	Seci	urities	Aca	uired. D	ispo	sed of	or Ben	eficial	lv O	wned								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative	2. Conversion	3. Transaction	3A. Deemed		4. Transa	ction		mber	6. Date Exe		ble and	7. Title an			Price of	9. Number derivative		10. Ownership	11. Nature	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Year)		Code (Inst		str. Derivative Securities		(Month/Day/Year)			Securities Underlying		Security (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership	
(111311.3)	Derivative Security (Month/Day/rear) 8) Securites Underlying Acquired Derivative Security (A) or (Instr. 3 and 4)								Security		su. 3)	Owned Following		or Indirect	(Instr. 4)					
	occurry					Disposed of (D)										Reported Transaction(s)		(1) (1113411 4)		
						(Instr. 3, 4 and 5)									(Instr. 4)					
				r									Amoun	t						
													or Numbe	r						
					Code	v	(A)	(D)	Date Exercisabl		cpiration ate	Title	of Shares							
Deferred																				
Comp. Phantom	(1)	12/04/2009			A		58		(1)		(1)	Common Stock	58	4	\$49.3	3,121		D		
Shares																				

Explanation of Responses:

1. Phantom shares held in a multi-fund deferred compensation plan to be settled for 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:

Lawrence C. Bachman,

Attorney in Fact for John W.

Rowe

** Signature of Reporting Person Date

12/07/2009

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.