FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| 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* Mies Richard Willard | | | | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC] | | | | | | | | | | all app Direc | ship of Reporting F applicable) rector | | Person(s) to Issuer 10% Owner | | | | | |
|--|---|--|---|---|---|--|---|-----|-------------------|---|--------------------|---|-------------------------------|---|--|---|---|---|---------------------------------------|--|--|--|
| (Last) 10 SOUT 54TH FL | | rst) (ORN STREET | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2012 | | | | | | | | | | Office below | er (give title w) | Other (specify below) | | | | | |
| (Street) CHICAG | O IL | | 50603 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indivine) | Form | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | ; | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | | | |
| Common Stock (Deferred Stock Units) 09/30/2 | | | | | 2012 | | A | | 700 | 700 A | | \$35 | 5.7 | 9,393(1) | | | I | By Exelon Directors' Deferred Stock Unit Plan | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Yea | Date, | 4. Transactic Code (Ins 8) | | on of | | Expiratio | 6. Date Exercis Expiration Date (Month/Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | | Deri Seci | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | nership rm: ect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | | | |

Explanation of Responses:

1. Balance includes 126 shares acquired on 09/10/2012 through automatic dividend reinvestment.

Remarks:

Lawrence C. Bachman, Esq.,

Attorney in Fact for Richard

10/01/2012

W. Mies

** 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.