FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

viasinigion, D.O. 2004

	OMB APPROVAL										
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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* ROGERS JOHN W JR				2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]									Relationship on the ck all application X	able) r	10	(s) to Issuer 10% Owner			
(Last) (First) (Middle) 10 SOUTH DEARBRON STREET 54TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2010									below)	(give title	be	ner (spec ow)		
(Street) CHICAGO IL 60603						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. 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	e) (Zi	p)																
		Table	l - No	n-Deriv	ative	Secu	urities	s Acq	juired,	Dis	posed of	f, or Ber	neficial	ly Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Exe) if a	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			Beneficia Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indir Bene Own	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(inst	(Instr. 4)	
Common Stock (Deferred Stock Units) 1				12/31/	1/2010				A		624	A	\$40.0)4 19,5	19,501(1)		Def Stoo	elon ectors' ferred	
Common Stock (Deferred Stock Units)														3,7	3,773(2)		Dire Stoo	icom ectors'	
Common Stock														11,	374	D			
		Та	ble II -								osed of, onvertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/I	ned 4.		ction	5. Nu	wative rities rired rosed	-	xerci:	sable and	7. Title an of Securit Underlyin Derivative (Instr. 3 an	d Amounies g Security	Derivative Security	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Owne s Form: ally Direct or Ind g (I) (Ins ion(s)	ship of Bo (D) Of irect (Ir	1. Nature of Indirect Beneficial Wenership Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Deferred Compensation - Phantom Shares	(3)								(3)		(3)	Common Stock	11,450)	11,450	у ⁽⁴⁾ Г			

Explanation of Responses:

- 1. Balance also includes 244 shares acquired on 12/10/2010 through the automatic dividend reinvestment feature of Exelon plans.
- 2. Balance also includes 49 shares acquired on 12/10/2010 through the automatic dividend reinvestment feature of Exelon plans.
- 3. 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.
- 4. Balance also includes 148 shares acquired on 12/10/2010 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

Lawrence C. Bachman, Esq., Attorney in Fact for John W. Rogers, Jr.

01/04/2011

** 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.