FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB APPRO	VAL						
	OMB Number:	3235-0287						
Estimated average burden								
Ш	houre por roeponeo:	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* ROGERS JOHN W JR					2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]								(Che	ck all application	able)	g Person(s) to Is	Owner	
(Last) (First) (Middle) 10 SOUTH DEARBRON STREET 37TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2007 4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	below)	(give title	below		
(Street)	IL	60	603										Line	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 _l	0)															
		Table	I - Noi	n-Deriva	ative	Secu	rities	Acq	uired,	Dis	posed of	, or Ben	eficiall	y Owned				
Da			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired Of (D) (Instr		Beneficia	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D)	Price	Transportion(s)			(111501.4)				
Common Stock (Deferred Stock Units)				06/30/	30/2007				A		294	A	\$72.10	5 11,1	39(1)	I	By Exelon Directors' Deferred Stock Unit Plan	
Common Stock (Deferred Stock Units)														3,301(2)		I	By Unicom Directors' Stock Unit Plan	
Common Stock													11,374		D			
		Та									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. Deel Execution if any (Month/I				5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	ative rities ired osed	6. Date E Expiratio (Month/E	on Dat		7. Title and Amount of Securities Underlying Derivative (Instr. 3 and	f g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership tt (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Deferred Compensation - Phantom Shares	(3)								(3)		(3)	Common Stock	(3)		6,685 ⁰	D D		

- 1. Balance also includes 66 shares acquired on 06/11/2007 through the automatic dividend reinvestment feature of Exelon plans.
- 2. Balance also includes 20 shares acquired on 06/11/2007 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.
- $4. \ Balance \ also \ includes \ 41 \ shares \ acquired \ on \ 06/11/2007 \ through \ the \ automatic \ dividend \ reinvestment \ feature \ of \ Exelon \ plans.$

Remarks:

Scott N. Peters, Attorney in Fact for John W. Rogers, Jr. ** Signature of Reporting Person

06/30/2007

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.