FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours por rosponso | . 0.5 | | | | | | | | |

| | tion 1(b). | nuc. See | | Filed | l pursua or Se | ant to S ection : | Section 30(h) o | 16(a) of the li | of the S ovestme | Securit ent Co | ies Exchang mpany Act o | e Act o f 1940 | of 1934 | | | nours | s per re | esponse: | 0.5 |
|---|---|--|------------------|-----------------------|--|---|---|---|--|---------------------------|----------------------------|--|--------------------------------------|--|---|--|-----------------------|--|---------------------------------------|
| Name and Address of Reporting Person* BOWERS WILLIAM P | | | | | | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC] | | | | | | | | 5. Relationship of Reporti (Check all applicable) X Director | | | ng Person(s) to Issue | | |
| (Last) (First) (Middle) 10 S DEARBORN STREET 54TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/22/2022 | | | | | | | | | below | | Other (specify below) | | |
| (Street) CHICAGO IL 60603 | | | | | 4. 17 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Exec if an | A. Deemed xecution Date, any //onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Securities Beneficially Owned Followir | | ies :ially Following | 6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4) | | Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Common Stock 03/2 | | | 03/22/2 | 2022 | | | | | 4,500 | A | \$43 | 3.56 | 4,500 | | D | | | |
| Commmon Stock (Deferred Stock Units) | | | | | | | | | | | | | | 1, | .280 | | I | By Exelon Directors Deferred Stock Unit Plan | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | Owne | t | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execut if any | xecution Date, any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerc ion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sed (Ins | Price of ivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | |

Explanation of Responses:

Elizabeth M. Hensen,

03/23/2022 Attorney-in-Fact for W. Paul

Bowers

** 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.