FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
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l	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* SHAPARD ROBERT S							2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]										tionship of Reporting Person(s) to Issu. all applicable) Director 10% Ow Officer (give title Other (sp			wner		
	(Last) (First) (Middle) 10 SOUTH DEARBORN STREET 37TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 09/19/2003											below) below) Executive Vice President				эреспу	
(Street) CHICAGO IL 60603						4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar)	2A. Deemed Execution Date if any (Month/Day/Yea		<i>'</i>	3. Transac Code (I 8)	saction Dispo		urities Acquired (A ed Of (D) (Instr. 3,			d Sed Bed Ow	5. Amount of Securities Beneficially Owned Following Reported		Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	: [(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		tion(s)			(Instr. 4)				
Common	Stock														16,416(1)			D				
Common	Stock (Def												(531 ⁽²⁾		I	By Stock Deferral 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 D if any (Month/Day	Date, Trans Code					6. Date Exercisal Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price Deriva Securi (Instr.	ive y	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	te ercisable		piration ate	Title	0 N 0	Amount or Jumber of Shares							
Deferred Comp Phantom	\$0 ⁽³⁾	09/19/2003			A		16		08	/08/1988	08	/08/1988	Comn		16	\$63.	ı	149 ⁽³⁾		D		

Explanation of Responses:

- $1.\ Includes\ 36\ shares\ acquired\ on\ 03/10/2003,\ 06/10/2003\ and\ 09/10/2003\ through\ the\ automatic\ dividend\ reinvestment\ feature\ of\ Exelon\ plans.$
- 2. Includes 16 shares acquired on 03/10/2003, 06/10/2003 and 09/10/2003 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. Balance in cludes 1 share acquired on 09/10/2003 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

Scott N. Peters, Attorney in Fact for Robert S. Shapard

09/23/2003

** 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.