FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response 0.5

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* JOSKOW PAUL L						2. Issuer Name and Ticker or Trading Symbol <u>EXELON CORP</u> [EXC]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2014									(give title		Other (s below)	pecify	
54TH FLOOR (Street)					4. If Amendment, Date o					Filed	(Month/Day	//Year)	Line)		Filing (Check Applic			
CHICAGO IL 60603					X Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City)	(State	e) (Z	p)																
		Table	e I - Nor	n-Deriva	ative \$	Secu	ırities	s Acq	uired,	Dis	posed of	f, or Bei	neficiall	y Owned					
Date					ate Ionth/Day/Year) i			2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securiti Disposed	es Acquire Of (D) (Inst		5. Amou Securitie Beneficia Owned F Reported	s ally following	Form:	Direct I Indirect E tr. 4)	7. Nature of ndirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transact	Transaction(s) (Instr. 3 and 4)			Instr. 4)	
Common Stock (Deferred Stock Units) 12/31/											696	A	\$35.9	4 20,4	20,476 ⁽¹⁾		I 1	By Exelon Directors' Deferred Stock Unit Plan	
Common Stock														2,000]	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. Deer Executic if any (Month/I		4. Transaction Code (Insti		n of		6. Date E Expiratio (Month/D	n Dat			of s g e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Deferred Compensation - Phantom Share	(2)								(2)		(2)	Common Stock	6,035		6,035 ⁽	(3)	D		

Explanation of Responses:

- 1. Balance includes 169 shares acquired on December 10, 2014 through automatic dividend reinvestment.
- 2. Phantom share equivalents representing units held in the Exelon stock fund in a multi-fund, non-qualified deferred compensation plan. The Exelon stock fund is a unitized fund that consists of Exelon common stock and short term investments. Units of the fund will be settled upon the reporting person's separation from the board for any reason. Units will be settled in cash. Units are acquired through regular periodic contributions of deferred board compensation and the reinvestment of dividend equivalents. The balance of phantom share equivalents may fluctuate from time to time due to fluctuations in the fund composition.
- 3. Balance as of December 31, 2014. Balance includes 51 share equivalents accrued on November 12, 2014 through automatic dividend reinvestment.

Remarks:

Lawrence C. Bachman, Esq., Attorney in Fact for Paul L. Joskow

01/02/2015

** 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.