SEC Form 4	
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FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

							100(11)	01 1110	integration	1000	mpany Act	01 10 40	<u> </u>						
1. Name and Address of Reporting Person [*] Kleczynski Robert A				2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u> <u>Kieczyi</u></u>	IISKI RODE	<u>at A</u>													Directo			10% O\	
(Last)	(Fi	rst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023								X Officer below)	(give title		Other (below)	specify		
					09/2	29/20	23								S	VP & Co	rp Co	ontroller	
10 S DEARBORN STREET														-					
54TH FLOOR					4. lt	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	 Individual or Joint/Group Filing (Check Applicable Line) 					
(Ctroot)															X Form f	iled by One	e Rep	orting Perso	n
(Street) CHICAG	GO IL	e	50603												Form f Persor		re tha	n One Repo	rting
(City)	(St	ate) (a	Zip)		Ru	le 1	0b5-	1(c)) Trans	act	ion Inc	licati	on						
											action was r ons of Rule :					on or written	ı plan t	hat is intende	d to
		Tabl	le I - No	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed o	of, or	Ben	eficial	ly Owned	ł			
1. Title of S	of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2A. Deemed 2A. Deemed Execution Date, if any (Month/Day/Year) 8) 3. 4. Securities Acquire Code (Instr. 8)						Benefici Owned	es Forn ially (D) o Following (I) (Ir		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership								
									Code	v	Amount	(/ (I	A) or D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
		T									osed of converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)		5. Nur of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Exercisable and 7. Titl Expiration Date Amou (Month/Day/Year) Secu Unde Deriv (Instr			nt of ities lying ative S	Security I 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	
				Ĩ						Τ			- I-	Amount or Number					

Date Exercisable Expiration Date of Shares ۱v Code (A) (D) Title Deferred Comp Common (1) 28 Phantom (1) \$37.79 \$<mark>0</mark> 09/29/2023 A 28 1,601 D Stock Share Equivalents **Explanation of Responses:**

1. Phantom share equivalents acquired through a regular payroll contribution to the Exelon stock fund that is part of 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 in cash upon the reporting person's separation from the company for any reason. The balance of phantom share equivalents may fluctuate due to periodic changes in the fund composition.

<u>Elizabeth M. Hensen,</u>	
Attorney-in-fact for Robert A.	10/02/2023
Kleczynski	

** 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.