## FORM 5

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rudonini gtori,	D.O.	20040	

ANNUAL STATEMENT OF CHANGES IN BENEFICIA
OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0362							
l	Estimated average burden								
l	hours per response:	1.0							

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Form 4 Tr	ansactions Rep	oorted.	File	d pursuant to s or Section								)34																				
1. Name and Address of Reporting Person* <u>Innocenzo Michael</u>			2. Issuer Name and Ticker or Trading Symbol  EXELON Corp [ EXC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) President & CEO of PECO																				
(Last) (First) (Middle) 10 S. DEARBORN STREET 54TH FLOOR				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018																												
(Street) CHICAGO IL 60603				4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. 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	-																														
		Table	I - Non-Deriv		_								_																			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code ( B)	ction   (D) (In		irities Acqu str. 3, 4 and	(A) or	or Di		5. Amount Securities Beneficial Owned at Issuer's Fi Year (Instr	ly end of scal	6. Own Form: I (D) or Indirec (Instr. 4	Direct t (I)	Indire Benef	eficial nership														
C C	1				$\dashv$			Amoun		(D)			4)																			
	Common Stock (ESPP Shares)							$\longrightarrow$				29,0			D																	
Common 30	OCK (ESFF		ble II - Derivat	ivo Coouri	tion	Λοσι	uirod	Dior	acad a	f or D	one	ficially	1,66		L	<u>'  </u>																
		Id		uts, calls,									Owned																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date Ex se (Month/Day/Year) if a	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Dispe	oosed D) tr. 3, 4		ation Da	ate	Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)														
					(A)	(D)	Date Exerci	isable	Expiration Date	n Title		Amount or Number of Shares																				
Restricted Stock Unit Awards 2016	\$0						(2	2)	(2)	Com Sto		1,675		1,67	5 <sup>(3)</sup>	D																
Restricted Stock Unit Awards 2017	\$0						(2	2)	(2)	Com Sto		2,499		2,499 <sup>(4)</sup>		2,499 <sup>(4)</sup>		2,499 <sup>(4)</sup>		2,499 <sup>(4)</sup>		2,499 <sup>(4)</sup>		2,499 <sup>(4)</sup>		99 <sup>(4)</sup> D		,499 <sup>(4)</sup> D				
Restricted Stock Unit Awards 2018	\$0						(2	2)	(2)	Com Sto		7,022		7,022 <sup>(5)</sup>		7,022 <sup>(5)</sup>		7,022 <sup>(5)</sup>		7,022 <sup>(5)</sup>		7,022 <sup>(5)</sup>		7,022 <sup>(5)</sup>		7,022 <sup>(5)</sup>		12 <sup>(5)</sup> D		D		
Deferred Compensation Equivalent Shares	\$0						(6	5)	(6)	Com Sto		1,819		1,81	9 <sup>(7)</sup> D		319 <sup>(7)</sup> I															
NQ Stock Option (right to buy) 03/12/2012	\$39.81						(8	3)	(8)	Com Sto		16,000		16,0	6,000 D																	
NQ Stock Option (right to buy) 01/25/2010	\$46.09						(8	3)	(8)	Com		4,300		4,3	00	D																

## Explanation of Responses:

- 1. Shares acquired through Exelon's Section 423 tax-qualified Employee Stock Purchase Plan.
- 2. Previously awarded restricted stock units (RSUs) granted pursuant to the Exelon Long Term Incentive Plan. RSUs are granted annually at the Compensation and Leadership Development committee's first meeting in January or February and vest in 1/3 increments on the date of the committee's first annual meeting in the first, second and third years after the award was granted. Award balances accrue additional RSUs through quarterly dividend reinvestment that vest on the same schedule as the underlying award.
- $3. \ Balance \ includes \ 39 \ shares \ acquired \ through \ quarterly \ dividend \ reinvestment \ during \ 2018.$
- ${\it 4. \ Balance\ includes\ 58\ shares\ acquired\ through\ quarterly\ dividend\ reinvestment\ during\ 2018.}$
- 5. Balance includes 164 shares acquired through quarterly dividend reinvestment during 2018.
- 6. 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 company for any reason. Units will be settled in cash. Units are acquired through regular periodic contributions, company matching contributions and the reinvestment of dividend equivalents. The balance of phantom share equivalents may fluctuate due to periodic changes in the fund composition.
- 7. Balance includes 43 share equivalents accrued through quarterly dividend reinvestment during 2018.
- 8. Non qualified employee stock options, awarded pursuant to the Exelon Long Term Incentive Plan. Options are fully vested and expire on the tenth anniversay of the grant date referenced in Column 1.

## Remarks:

Katherine A. Smith, Attorney- 01/29/2019 in-Fact for Michael Innocenzo

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.