FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP                           |
|--|--|
| 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 |

OMB APPROVAL OMB Number: 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* <u>RICHARDSON WILLIAM C</u> |              |  |   |  |                              | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [ EXC ] |  |        |                             |                  |  |   |       |   |                |   | pplicable)<br>ector   |  | Person(s) to Issuer 10% Owner  |  |  |
|--|--------------|--|---|--|------------------------------|---|--|--------|-----------------------------|------------------|--|---|-------|---|----------------|---|---|--|--|--|--|
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET 37TH FLOOR          |              |  |   |  |                              | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2006     |  |        |                             |                  |  |   |       |   |                | Offic<br>belov  | er (give title<br>w)  |  | Other<br>below)  | (specify   |  |
|  |              |  |   |  | 4. If                        | 4. If Amendment, Date of Original Filed (Month/Day/Year)        |  |        |                             |                  |  |   |       |   |                | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |  |  |  |  |
| (Street) CHICAG  | O II         | , (  | 50603                                       |  |                              |   |  |        |                             |                  |  |   |       |   | X              |   | rm filed by One Reporting Person<br>rm filed by More than One Reporting<br>rson   |  |  |  |  |
| (City)   | (S           | tate) (                                    | Zip)  |  |                              |   |  |        |                             |                  |  |   |       |   |                |   |   |  |  |  |  |
|  |              | Tabl                                       | e I - No                                    | n-Deriv                                    | ative                        | Se  | curitie  | es Ac  | quired,                     | Dis              | posed o  | f, c  | or Be | enefic  | cially         | Owne  | ed  |  |  |  |  |
|  |              |  |   | 2. Transaction<br>Date<br>(Month/Day/Year) |                              |   | A. Deem<br>xecution<br>any<br>Month/D  | Code ( | Transaction Code (Instr.    |                  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |   |       | 4 and Secur<br>Benef<br>Owner                           |                | cially<br>I Following                                       | Forn<br>(D) o   | wnership<br>n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4)                    |  |  |
|  |              |  |   |  |                              |   |  |        | v                           | Amount           |  | (A) oi<br>(D)   | Pri   | ico Trar  |                | eported<br>ransaction(s)<br>nstr. 3 and 4)                  |   |  | (111341. 4)  |  |  |
| Common   | Stock (Def   | erred Stock Unit                           | s)  | 09/30                                      | /2006                        |   |  |        | A                           |                  | 255  |   | A     | \$5   | 58.84          | 1,  | 782 <sup>(1)</sup>  | By<br>Exelon                                     |  |  |  |
| Common   | Common Stock |  |   |  |                              |   |  |        |                             |                  |  |   |       |   |                | 1,216(2)  |   |  | D  |  |  |
|  |              | Та   |   |  |                              |   |  |        |                             |                  | sed of,<br>onvertib  |   |       |   |                | wned  |   |  |  |  |  |
| Derivative Conversion Dat  |              | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/D | n Date,<br>ay/Year)                        | 4.<br>Transa<br>Code (<br>8) |   | ion of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |        | 6. Date Expiration (Month/L | on Dat<br>Day/Ye |  | Amount of Securities Underlying Derivative Security (Ir and 4)  Amount of Security (Ir and 4) |       | of<br>es<br>ng<br>re<br>(Instr.<br>Amoun<br>or<br>Numbe | Der Sec (Ins 3 | rice of<br>ivative<br>urity<br>tr. 5)                       | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | ,   (  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |

## **Explanation of Responses:**

- 1. Balance includes 10 shares acquired on 09/11/2006 through the automatic dividend reinvestment feature of Exelon plans.
- 2. Balance includes 8 shares acquired on 09/11/2006 through the automatic dividend reinvestment feature of Exelon plans.

## Remarks:

Scott N. Peters, Attorney in Fact for William C. Richardson

10/02/2006

\*\* 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.