FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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| OMB APPROVAL | | | | | | | | | | | |
|--------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| F-4:44 | hundon | | | | | | | | | | |

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Filed or Section 30(h) of the Investment Company Act of 1940

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|--|--------------------------|----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |
| | Estimated average burden | | | |
| Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | hours per response: | 0. | | |
| or Section 30/b) of the Investment Company Act of 1040 | | | | |

| 1(c). S | se conditions of see Instruction 1 | 0. | | | 2 100 | uor Ne | ama . | and Tiol | vor or Tr | odina | Cymbol | | | 5 Dal | otionohi | o of Donorti | na Doroon | (a) to l | nouer . | |
|--|---|--|---------------|---|--|--|---------|--|--|-------|--------------------|--|---|-----------------------|---|---|--|---|--------------------------------------|--|
| Name and Address of Reporting Person Jojo Linda P | | | | | EX | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
| (Last) (First) (Middle) 10 S DEARBORN STREET 54TH FLOOR | | | | | 12/3 | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024 | | | | | | | | | | | | | | |
| (Street) CHICAGO IL 60603 | | | | 7. 11 / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) Common stock- deferred stock units 12/31/20 | | | | tion | on 2A. Deemed Execution Date, | | | 3. 4. Securities Acquired Disposed Of (D) (Instr. 8) | | | ired (A | 5. Amount of Securities Beneficially Owned Following | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pr Pr | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| | | | | 024 | 24 | | | A | | 1,119 | A \$36.87 | | 36.87 | 49,046 ⁽¹⁾ | | I | | By Exelon Corp. Directors Deferred Stock Unit Plan | | |
| | | Tal | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execut if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | Number rivative curities quired or posed D) str. 3, 4 | 6. Date Exerc Expiration Day/\(\text{Month/Day/\}\) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | rivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | n: ct (D) idirect | Beneficial Ownershi (Instr. 4) | |
| | | | | | Code | v | (A) (D) | | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

1. Balance includes 489 additional shares acquired through automatic dividend reinvestment.

Remarks:

David T Skinner, attorney-infact for Linda P Jojo

12/30/2024

** Signature of Reporting Person

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

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.

^{*} 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).