| SEC | Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| IL | OMB APP | ROVAL |
|----|---------------------|-----------|
| 6 | OMB Number: | 3235-0287 |
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| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person* DEBENEDICTIS NICHOLAS | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXELON CORP</u> [EXC] | | ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner | | |
|---|---------|-----------------|--|-------------------|---|-----------------------|--|
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET 54TH FLOOR | | (<i>'</i> , | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2013 | | Officer (give title below) | Other (specify below) | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | |
| (Street) | | | | X | Form filed by One Re | porting Person | |
| CHICAGO | IL | 60603 | | | Form filed by More th Person | an One Reporting | |
| (City) | (State) | (Zip) | | | | | |
| | | Table I - Non-D | erivative Securities Acquired, Disposed of, or Bene | ficially | Owned | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|-------------------------------------|--|---|-----------------------------|---|--------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock (Deferred Stock Units) | 03/31/2013 | | А | | 778 | A | \$32.13 | 19,696 ⁽¹⁾ | Ι | By Exelon Directors' Deferred Stock Unit Plan |
| Common Stock | | | | | | | | 5,000 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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|---|---|--|---|------------------------------|------|---|--------|-----------------------|--------------------|--|--|--|----------------|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ration Date Amount of | | Expiration Date Amount of Securities Derivative Security derivative Security Month/Day/Year) Amount of Securities Derivative (Instr. 5) Beneficially Owned Derivative Security (Instr. 3 and 4) Reported | | derivative Securities Beneficially Owned Following Reported Transaction(s) | (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Balance includes 304 shares acquired on March 8, 2013 through automatic dividend reinvestment.

Remarks:

| Scott N. Peters, Esq., Attorney | |
|---------------------------------|----|
| in Fact for Nicholas | 04 |
| DeBenedictis | |

Date

/01/2013

** Signature of Reporting Person

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.