FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

| STATEMENT | OF | CHANGES | IN BENEFI | ICIAL | OWNERSHIP |
|-----------|----|---------|-----------|-------|-----------|

| ı | OMB APPRO | IVAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| | hours per response: | 0.5 | | | | |

Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MCLEAN IAN P | | | | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC] | | | | | | | | | (Ch | eck all app Direct Office | icable) or r (give title | ng Pei | rson(s) to Iss 10% Ov Other (s | vner | | |
|---|--|------------|----------------|---|---|--|-----------------|-------|--------------------|--|-------|-------------------------------|----------------------------------|---|--|---|--|---|--|--|
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET 37TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2007 | | | | | | | | | | | below |) xecutive V | /ice l | below) President | |
| (Street) CHICAG | | | 50603 (Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (=:-9) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans | | | | . Transac | | | | e, 3. | nsacti de (Ins | 4. Securities Acqui Disposed Of (D) (Ir 5) V Amount (A) (D) | | ired (/nstr. 3 | (A) or 5. A Sec Ben Own Rep Trar | | ount of 6. 0 rities For ficially (D) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any | | | | Date, Tra | | ransaction code (Instr.) | | of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | e Amount of | | nt of ties ying tive Security | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | | | Date Exercis | able | Expiration Date | | Title | Ame or Nun of Sha | | | | | | | | |
| Deferred Comp. Phantom Shares | (1) | 06/20/2007 | | | A | | | 3 | (1) | | | (1) | Common Stock | | 3 | \$71.33 | 1,118 ⁽²⁾ |) | D | |

- 1. Phantom shares held in a multi-fund deferred compensation plan to be settled for cash upon the reporting person's termination of employment for any reason on a 1:1 basis. Shares are acquired through regular periodic contributions, company matching contributions, and the automatic reinvestment of dividends.
- 2. Balance includes 8 shares acquired on 03/10/2007 and 7 shares acquired on 06/11/2007 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

Scott N. Peters, Attorney in Fact for Ian P. McLean

06/21/2007

** 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.