FORM 4

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

| | OIVID AFT |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: Estimated average |

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

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| | OMB APPROVAL | | | | | | | | |
| | OMB Number: 3235-0287 Estimated average burden | | | | | | | | |
| | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* CLARK FRANK M | | | | | 2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC] | | | | | | | | check all app Direc | , | 10 | % Ow | | |
|--|--|------------|-------|--------------------------------------|---|-----|--|---------------------|---|-----------------|---|--|---|----------------------------|--|--------------|---|--|
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/20/2009 | | | | | | | | pelov | irman and | | low) omEd | d | |
| 54TH FLOOR | | | | | 4 If Amandment Date of Original Filed (Month/Date) | | | | | | | - 6 | 6 Individual or Joint/Croup Filing (Chook Applicable | | | | | |
| (Street) | GO IL | (| 50603 | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | n | |
| (City) | (Si | ate) (| (Zip) | | | | | | | | | | Perso |)II | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | Code (II | Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5) | | | | nd Securit Benefic | ies cially Following | 6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4) | t c | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | nt (A) or (D) | | Transa | | | | Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, To Conversion or Exercise (Month/Day/Year) if any | | | Cod | ransaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | | piration ate | Title | Amount or Number of Shares | | | | | | |
| Deferred Comp Phantom Shares | (1) | 11/20/2009 | | A | | 70 | | (1) | | (1) | Common Stock | 70 | \$46.81 | 2,614 | D | | | |

Explanation of Responses:

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.

Remarks:

Lawrence C. Bachman, Attorney in Fact for Frank M.

11/23/2009

Clark

** 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.