## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPRO	VAL
OMB Number:	3235-0287
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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

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1. Name and Address of Reporting Person*  GIN SUE L					2. Issuer Name <b>and</b> Ticker or Trading Symbol <b>EXELON CORP</b> [ EXC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
GIN SUL											X Directo	r		10%	Owner						
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2005									Officer (give title Other (specify below) below)							
37TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)	IL		60603											Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(State	e)	(Zip)																		
		Tak	le I - No	on-Deriv	ative	_			quired	, Dis	-			lly Owned							
			2. Transaction Date (Month/Day/Year)		Execution Date, ear) if any					ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar				(Instr. 4)			
Common Stock (Deferred Stock Units)			03/31/2	/2005				A		322	A	\$46.5	6 8,04	8,046(1)		I	By Exelon Directors' Deferred Stock Unit Plan				
Common Stock (Deferred Stock Units)													2,66	2,661 <sup>(2)</sup>		I	By Unicom Directors' Retirement Plan				
Common Stock														26,11	L <mark>9</mark> (3)	1	)				
			Table II	- Derivat	ive S	ecuri	ties /	Acqu ants	iired,	Disp	osed of, convertib	or Bene	ficially	y Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		r) if any		4. Transa Code ( 8)	action	5. Number of			Exerc	risable and 7. Title and Amount of		d of s g e Security	8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4	ive ies ially ng ed ction(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares	r							
Deferred Compensation - Phantom Shares	(4)	03/31/2005			A	A 219		(4)		(4)	Common Stock	219	\$45.89	\$45.89 5,75		D					

## **Explanation of Responses:**

- $1.\ Balance\ also\ includes\ 66\ shares\ acquired\ on\ 03/10/2005\ through\ the\ automatic\ dividend\ reinvestment\ feature\ of\ Exelon\ plans.$
- 2. Balance also includes 23 shares acquired on 03/10/2005 through the automatic dividend reinvestment feature of Exelon plans.
- $3. \ Balance \ also \ includes \ 223 \ shares \ acquired \ on \ 03/10/2005 \ through \ the \ automatic \ dividend \ reinvestment \ feature \ of \ Exelon \ plans.$
- 4. Phantom shares held in a multi-fund deferred compensation account to be settled for cash on a 1:1 basis upon the reporting person's termination of employment for any reason. Shares are acquired through regular periodic contributions and the reinvestment of dividend equivalents.
- 5. Balance also includes 47 shares acquired on 03/10/2005 through the automatic dividend reinvestment feature of Exelon plans.

## Remarks:

Scott N. Peters, Attorney in Fact for Sue L. Gin

04/04/2005

\*\* 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.