FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/19
wasiiiigton,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

l	OMB APPROVAL						
l	OMB Number:	3235-0362					
l	Estimated average burden						
l	hours per response:	1.0					

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	1 Transactions	Reported.	Fi	led pursuant t or Sectio					urities Excha Company A		of 1934								
1. Name and Address of Reporting Person* MOLER ELIZABETH A				2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last)	(Last) (First) (Middle) 10 SOUTH DEARBORN STREET, 37TH FLOOR				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003							X Officer (give title Other (specify below) Executive Vice President							
(Street)	GO IL	,	60603	4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	X Form filed by One Reporting Person							
(City)	(S	tate)	(Zip)									Form filed by More than One Reporting Person							
		Tab	le I - Non-Deri	vative Sec	curiti	es A	cquire	d, D	isposed	of, or E	Benefic	iall	y Owne	d					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		Code (Instr.				or Dispos	Securiti Benefic		es ally	6. Ownership Form: Direct		7. Nature of Indirect Beneficial				
			(Month/Day	(Month/Day/Year)		Ī	Amount		(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)			
Common Stock													15,5	682 ⁽¹⁾	(1) D				
Common Stock (Deferred Shares)												16,510 ⁽²⁾		I		By S Defe Plan			
		Ţ	able II - Deriva (e.g., p	tive Secu outs, calls									Owned						
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. Transaction Code (Instr. 8)	ode (Instr. Derivative Securities (Month/Day/Year) Securities Underlying		ount of curities lerlying ivative Security		. Price of perivative security nstr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	er							
Deferred Comp Phantom Shares	(3)						(3)		(3)	Common Stock	820			820 ⁽³	B) D				
NQ Stock Options 10-20- 2000	\$59.5						(4)		(4)	Commor Stock	63,00	0		63,00	00	D			
NQ Stock Options 01-28- 2002	\$46.92						(4)		(4)	Commor Stock	35,00	0		35,00	00	D			
NQ Stock Options 01-27-	\$49.61						(5)		(5)	Commor Stock	27,00	0		27,00	00	D			

Explanation of Responses:

- 1. Includes 64 shares acquired on 12/10/2003 through the automatic dividend reinvestment feature of Exelon plans.
- $2. \ Includes \ 128 \ shares \ acquired \ on \ 12/10/2003 \ through \ the \ automatic \ dividend \ reinvestment \ feature \ of \ Exelon \ plans.$
- 3. Shares held as of 12/31/2003 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 and the automatic reinvestment of dividends.
- 4. Non-qualified stock options vest in 1/3 increments on the first three anniversaries of the grant date (referenced in Column 1) and expire ten years from the grant date unless terminated earlier under the terms of the option plan or grant.
- 5. Non-qualified stock options vest in 1/4 increments on the first four anniversaries of the grant date (referenced in Column 1) and expire ten years from the grant date unless terminated earlier under the terms of the option plan or grant.

Remarks:

Elizabeth A. Moler

02/10/2004

** 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.	