## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* <u>STEINOUR STEPHEN D</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol  EXELON CORP [ EXC ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) 10 SOUT		st) ( ORN STREET	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/30/2016									Officer (give title Other (specify below) below)					
(Street) CHICAGO IL 60603						Amen	dment, I	Date o	f Original	Filed	(Month/Da		Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person      Form filed by More than One Reporting Person						
(City)	(Sta		Zip)		<u> </u>														
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A Ex	2A. Deemed Execution Date,		3. Transaction Code (Instr.					or	5. Amour Securities Beneficia Owned Fo	5. Amount of Securities Beneficially Owned Following		Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D) Pr		ce	Reported Transacti (Instr. 3 a	action(s)			(Instr. 4)	
Common Stock (Deferred Stock Units)				12/31/2016					A		1,039	A	\$3	34.9	29,455 <sup>(1)</sup>		I		By Exelon Directors' Deferred Stock Unit Plan
Common Stock															2,982(2)		D		
Common Stock															1,063		I		Held by trust for benefit of son
		T									osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)		n of		6. Date Expiration (Month/D	n Date	:	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		1 5	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amou or Numb of Share	ber					
Deferred Comp. Phantom Share Equivalents	(3)	12/30/2016			A		1,021		(3)		(3)	Common Stock	1,02	21	\$35.49	35,725	25 <sup>(4)</sup> D		

#### Explanation of Responses:

- 1. Balance includes 257 shares acquired on December 9, 2016 through automatic dividend reinvestment.
- 2. Balance includes 27 shares acquired on December 9, 2016 through automatic dividend reinvestment.
- 3. Phantom share equivalents representing units held in the Exelon stock fund in a multi-fund, non-qualified deferred compensation plan. The Exelon stock fund is a unitized fund that consists of Exelon common stock and short term investments. Units of the fund will be settled upon the reporting person's separation from the board for any reason. Units will be settled in cash. Units are acquired through regular periodic contributions of deferred board compensation and the reinvestment of dividend equivalents. The balance of phantom share equivalents may fluctuate from time to time due to fluctuations in the fund composition.
- 4. Balance includes 351 share equivalents accrued on November 10, 2016 through automatic dividend reinvestment.

# Remarks:

Scott N. Peters, Esq., Attorney in Fact for Stephen D. Steinour

01/03/2017

\*\* 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.