Instruction 1(b)

FORM 4

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	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	ourden								
- 1	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* THOMAS RICHARD L				2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET 37TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 12/31/2006									Officer (give title Other (specify below) below)				
(Street) CHICAGO IL 60603				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State	e) (Zi	p)														
		Table	l - Nor	n-Deriv	ative	Secu	rities	S Acq	uired,	Dis	posed of	f, or Ben	eficial	ly Owned			
Da		(Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		I (A) or : 3, 4 and	Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)		
Common Stock (Deferred Stock Units) 12/31/				/2006			A		243	A	\$61.7	76 10,3	10,378(1)		By Exelon Directors' Deferred Stock Unit Plan		
Common Stock (Deferred Stock Units)													8,6	94(2)	I	By Unicom Directors' Deferred Stock Unit Plan	
Common Stock													22,5	33(3)	D		
		Та	ble II -	Derivat	ive S	ecuri	ities	Acqu	ired, D	ispo	osed of,	or Bene	ficially	Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(e.g.,) 3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactic Code (Inst		5. Number ion of		options, Co 6. Date Exercis Expiration Date (Month/Day/Ye		e Amount of		d f Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owner S Form: Direct or Indi (I) (Ins	(D) Beneficial Ownership rect (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares				
Deferred Compensation - Phantom Shares	(4)								(4)		(4)	Common Stock	(4)		9,643 ⁽	(5) D	

Explanation of Responses:

- 1. Balance also includes 65 shares acquired on 12/11/2006 through the automatic dividend reinvestment feature of Exelon plans.
- 2. Balance also includes 56 shares acquired on 12/11/2006 through the automatic dividend reinvestment feature of Exelon plans.
- 3. Balance also includes 145 shares acquired on 12/11/2006 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 62 shares acquired on 12/11/2006 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

Scott N. Peters, Attorney in Fact for Richard L. Thomas

12/31/2006

** 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.