FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
	OMB Number:	3235-028							

December 31, Expires: 2014

Estimated average burden hours per 0.5 response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

																-				
Name and Address of Reporting Person* POCEDS TOTAL AVID						2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ROGERS JOHN W JR					<u> </u>									X	Directo	r		10% Ov	vner	
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 06/30/2003									Officer below)	(give title		Other (s	specify						
			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)													1 ′	X Form filed by One Reporting Person						
(City)	(State	e) (Zi	p)												Form filed by More than One Reporting Person					
		Table	l - Non	n-Deriv	ative	Secu	ırities	s Acq	uired,	Dis	posed of	f, or B	enef	icially	Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Exe f) if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amoun Securities Beneficia Owned Fo	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or F	Price	Reported Transacti (Instr. 3 a				Instr. 4)		
Common Stock (Deferred Stock Units)				06/30/2003					A		212	1	A 58.84		2,578(1)(2)		I		By Exelon Directors' Deferred Stock Unit Plan	
		Та									osed of, onvertib				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. Transa Code (8)	ection	5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year		sable and e	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		curity	3. Price of Derivative Security (Instr. 5)	9. Number 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)	(D)	Date Exercisa		Expiration Date	Title	OI No of	umber						
Deferred Compensation - Phantom	0	06/30/2003			A	v	138		08/08/19	88	08/08/1988	Comm		138	\$59.81	1,413 ⁽	(3)	D		

Explanation of Responses:

- $1. \ Balance \ also \ includes \ 18 \ shares \ acquired \ on \ 06/10/2003 \ through \ the \ automatic \ dividend \ reinvestment \ feature \ of \ Exelon \ plans.$
- 2. In addition to these holdings the reporting person holds (i) 1,462 deferred stock units held indirectly in the Unicom Directors Stock Unit Plan, which includes 11 shares acquired on 06/10/2003 through the automatic dividend reinvestment feature of Exelon plans; and (ii) 3,687 shares held directly.
- 3. 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. Balance includes 10 shares acquired on 06/10/2003 through the automatic dividend reinvestment feature of Exelon plans.

Scott N. Peters, Attorney in Fact for John W. Rogers, Jr.

07/01/2003

** 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.