FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	3	,	

	OMB APP	ROVAL								
	OMB Number:	3235-0287								
	Estimated average burden									
ı	hours por rosponso.	0.5								

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 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]								5. I (Cł	neck all applic	ng Person(s) to Issuer 10% Owner			
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET 37TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 09/30/2003 4. If Amendment, Date of Original Filed (Month/Day/Year)								6. 1	Officer (give title Other (specify below) below) 6. Individual or Joint/Group Filing (Check Applicable					
(Street) CHICAGO	IL	60	603						, original rise (moral)					Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State				<u> </u>													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2. Transaction 2. Transaction 2. Transaction 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature of																		
Date			Date			Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		Disposed Of (D) (Instr. 3,			Securitie Benefici Owned F	Securities Beneficially Owned Following		ct li ect E	Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)		(1	(Instr. 4)	
Common Stock (Deferred Stock Units) 09/30/				/2003				A		208	A	\$60.3	14 2,8	08(1)	I	I I S	By Exelon Directors' Deferred Stock Unit Plan	
Common Stock (Deferred Stock Units)													3,9	32 ⁽²⁾	I	I I S	By Jnicom Directors' Deferred Stock Jnit Plan	
Common Stock														10,6	502 ⁽³⁾	D		
		Та									osed of,			/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution	med	4. Transaction Code (Instr. 8)		5. Number ion of			xerci	sable and	le and 7. Title and Amount of		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e Owi s Form ally Dire or li g (I) (I	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares	1				
Deferred Compensation - Phantom Shares	(4)	09/30/2003			A		232		(4)		(4)	Common Stock	232	\$63.5	2,997 ^f	(4)	D	

Explanation of Responses:

- 1. Balance also includes 21 shares acquired on 09/10/2003 through the automatic dividend reinvestment feature of Exelon plans.
- 2. Balance also includes 32 shares acquired on 09/10/2003 through the automatic dividend reinvestment feature of Exelon plans.
- 3. Balance also includes 5 shares acquired on 09/10/2003 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. Balance includes 23 shares acquired on 09/10/2003 through the automatic dividend reinvestment feature of Exelon plans.

Remarks:

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

10/02/2003

** 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.