| SEC Form 4 | |
|------------|--|
|------------|--|

 \square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

| OMB Number: | 3235-0287 | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burd | en | | | | | | | | |
| hours ner resnonse: | 0.5 | | | | | | | | |

| 1. Name and Address of Reporting Person [*] SNODGRASS S GARY | | on* | 2. Issuer Name and Ticker or Trading Symbol <u>EXELON CORP</u> [EXC] | | tionship of Reporting Pers all applicable) Director | 10% Owner | |
|--|---------------|----------------|---|------------------------|--|--------------------------------------|--|
| (Last) (First) (Middle) 10 SOUTH DEARBORN STREET 37TH FLOOR | | () | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2006 | - X | Officer (give title below) Executive Vice P | Other (specify below) resident | |
| (Street) CHICAGO (City) | IL (State) | 60603 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person | orting Person | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | e, 3. 4. Securitie Transaction Disposed C Code (Instr. 5) | | Owned Following | | | Securities Form Beneficially (D) or | | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|----------------------|--|-------|--|--|---------------------------------|---|
| | | | Code | v | Amount (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |

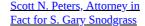
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-----|-----|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Deferred Comp Phantom Shares | (1) | 06/09/2006 | | A | | 14 | | (1) | (1) | Common Stock | 14 | \$57.82 | 8,399 | D | |

Explanation of Responses:

1. Phantom shares held 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, company matching contributions, and the automatic reinvestment of dividends.

Remarks:



06/12/2006

** 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.