FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

SHATTUCK MAYO A III Requirir (Month/I		Date of Event equiring Staten Month/Day/Year 3/12/2012	nent	3. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]								
(Last) 10 SOUTH D	(First) EARBORN ST	(Middle)				tionship of Reporting Perso all applicable) Director	Person(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
54TH FLOOR				X	Officer (give title below)	Other (spe below)	cify		lividual or Joint cable Line)	/Group Filing (Check		
(Street) CHICAGO (City)	IL (State)	60603 (Zip)				Executive Chair	rman		X		y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock					0	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
		Expiratio				tle and Amount of Securi	ty (Instr. 4) Conve		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
1. Title of Deriva	ative Security (In	str. 4)	2. Date Exerc Expiration Day/\ (Month/Day/\	ate		erlying Derivative Securi		4. Conver or Exer Price o	rcise	Ownership	Beneficial Ownership	

Explanation of Responses:

Remarks:

Lawrence C. Bachman,

Attorney-in-Fact for Mayo A. 03/13/2012

Shattuck III

** 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 5 (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.