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 | S |
|--|---|
| obligations may continue. See Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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* GILLIS RUTH ANN M | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>EXELON CORP</u> [EXC] | | | | | | | | | eck all appl Direct | icable) | g Per | son(s) to Iss 10% Ov Other (s | vner |
|---|--|--|---|--------|------------------------------|---|---|---|------------------------------------|--------|------------------|--|---------------------|---|--|--|---|--|--|
| | ΓΗ DEARB | rst) (ORN STREET | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2013 | | | | | | | | | helow | | ice I | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 54TH FLOOR | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | GO IL | (| 50603 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (SI | tate) (| Zip) | | | Person | | | | | | | | | | | | | |
| | | Tab | le I - Non- | Deriva | ative | Se | curitie | es Ac | quired | , Dis | posed | of, or B | ene | ficial | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date | | | Code (Ins | | | | | Securiti Benefic | rrities eficially ed Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amoun | t (A) | or | Price | | ction(s) | | | (111511. 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 Da if any (Month/Day/ | ate, T | 4. Transacti Code (Ins | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | rities lired r osed) . 3, 4 | 6. Date E Expiratio (Month/D | n Date | | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | ode | v | (A) | (D) | Date Exercisal | | xpiration ate | Title | or Nur of | ount mber ares | | | | | |
| Deferred Comp. Phantom Shares | (1) | 08/09/2013 | | | A | | 23 | | (1) | | (1) | Common Stock | 2 | 23 | \$31.26 | 2,619 | | 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:

Lawrence C. Bachman, Attorney in Fact for Ruth Ann 08/12/2013 M. Gillis

** 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.