FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549
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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

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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

1. Name and Address of Reporting Person* <u>LAWLESS ROBERT J</u>					2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]										k all app	,		
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2014										Office below	er (give title /)	Other below	(specify)
54TH FLO	OK				4. If A	men	ndment,	Date o	of Original	Filed	(Month/Da	ay/Year)		6. Indi Line)		·	Filing (Check A	`
CHICAGO	IL	60	0603											71		filed by More	e than One Rep	
(City)	(Stat	e) (Z	Zip)															
Table I - Nor 1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (ction	4. Secur	of, or Be ities Acquir d Of (D) (In:	or 5. Amount of		unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	ode V A		(A) (D)	Pric	е	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock (Deferred Stock Units)			06/30/2014					A		673	i A	. \$3	7.16	7,	,453 ⁽¹⁾	I	By Exelon Directors' Deferred Stock Unit Plan	
Common Stock														3,273		D		
		Т	able II -									, or Ben		•	wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ned 4. In Date, Transa Code (I		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Yea		able and 7. Title and of Securi		and Amount arities I Sying Sive Security (Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amoun or Numbe of Shares					
Phantom Stock	(2)								(2)		(2)	Common Stock	37,56	4		37,564 ⁽³⁾	I	By Constellation Deferred Compensation Plan for Non- employee Directors
Deferred Compensation	(4)								(4)		(4)	Common	4.354			4,354 ⁽⁵⁾	D	

Explanation of Responses:

- 1. Balance includes 56 shares acquired on June 10, 2014 through automatic dividend reinvestment.
- 2. Phantom stock units (which are in the form of deferred stock units) which will become payable in cash on a 1 for 1 basis upon the termination of the reporting person's service on the Exelon board of directors.
- 3. Balance includes 311 shares acquired on June 10, 2014 through automatic dividend reinvestment.
- 4. Phantom share equivalents representing units held in the Exelon stock fund in a multi-fund, non-qualified deferred compensation plan. The Exelon stock fund is a unitized fund that consists of Exelon common stock and short term investments. Units of the fund will be settled upon the reporting person's separation from the board for any reason. Units will be settled in cash. Units are acquired through regular periodic contributions of deferred board compensation and the reinvestment of dividend equivalents. The balance of phantom share equivalents may fluctuate from time to time due to fluctuations in the fund composition.
- 5. Balance includes 38 shares equivalents accrued on May 14, 2014 through automatic dividend reinvestment.

Remarks:

Shares

Scott N. Peters, Attorney in Fact 07/01/2014 for Robert J. Lawless

** 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.