# FORM 4

#### UN

Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).

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>Cheshire Marjorie Rodgers</u>						2. Issuer Name and Ticker or Trading Symbol EXELON CORP [ EXC ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director 10% Owner					
(Last) (First) (Middle) 10 S DEARBORN STREET					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2024									Officer (give title Other (specif below)					specify	
54TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CHICAGO IL 60603														Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
		Tab	le I - No	n-Deriv	ative	Se	curi	ties A	<b>\cq</b>	uired,	Dis	posed o	of, or B	enefi	cially	/ Owned	t			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Securition Benefici	. Amount of Securities Seneficially Owned Following		n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount (A) or (D)		r Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common stock- deferred stock units 12/31/2					/2024	2024			A		1,119	9 A \$36		36.87	7 20,063 <sup>(1)</sup>			I	By Exelon Corp. Directors Deferred Stock Unit Plan	
		T	able II -										, or Ber ble sec			Owned				
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/D:	n Date,	4. Transactio Code (Insti B)		on of E			. Date Exercisa expiration Date Month/Day/Yea			Amount of Securities Underlying Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersi Form: Direct (Dor Indire (I) (Instr.	Ownership	11. Nature of Indirec Beneficia Ownershi (Instr. 4)
						v	(A)			ate xercisabl		xpiration ate	Title	Amo or Num of Shar	ber					
Deferred									Т											

### **Explanation of Responses:**

(2)

1. Balance includes 193 additional shares acquired through automatic dividend reinvestment.

12/31/2024

- 2. Phantom share equivalents held in the reporting person's Exelon stock fund account that is part of a multi-fund, non-qualified deferred compensation plan. Phantom share equivalents will be settled for cash on a 1 for 1 basis upon the termination of the reporting person's service to the board of directors.
- 3. Balance includes 68 additional phantom share equivalents that were accrued to the account by the plan administrator on the ex-dividend date.

#### Remarks:

phantom

equivalents

share

David T Skinner, attorney-infact for Marjorie Rodgers

329

\$37.64

01/02/2025

7,389(3)

D

Cheshire

Stock

\*\* 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.