Instruction 1(b)

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

**OMB APPROVAL** 3235-0287 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*  GIN SUE L						2. Issuer Name and Ticker or Trading Symbol  EXELON CORP [ EXC ]										f Reporting able) r	ing Person(s) to Issuer  10% Owner		
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/30/2010										Officer below)	(give title		Other (s below)	specify
54TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Individual or Joint/Group Filing (Check Applicable				
(Street)														Line		led by One	e Repor	ting Persor	n
CHICAGO	IL	60	603												Form fi Person		re than (	One Repor	ting
(City)	(State	e) (Zi <sub>l</sub>	o)																
		Table	I - Nor	n-Deriv	ative	Secu	ırities	s Acq	uired,	Dis	posed of	f, or	Ben	eficially	/ Owned				
=				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code ( 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	( <i>A</i>	A) or O)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock (Deferred Stock Units) 06/				06/30/	/2010				A		624	A		\$40.04	4,8	23 <sup>(1)</sup>	I		By Exelon Directors' Deferred Stock Unit Plan
Common Stock														47,1	47,120(2)		D		
		Та									osed of, onvertib				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. Transa Code ( 8)		on of		6. Date E Expiratio (Month/I	on Da	sable and te ear)	Amo Secu Unde Deriv	7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title		Amount or Number of Shares					
Deferred Compensation - Phantom	(3)	06/30/2010			A		902		(3)		(3)	Com		902	\$37.97	6,328 <sup>0</sup>	(4)	D	

## **Explanation of Responses:**

- $1.\ Balance\ includes\ 54\ shares\ acquired\ on\ 06/10/2010\ through\ the\ automatic\ dividend\ reinvestment\ feature\ of\ Exelon\ plans.$
- 2. Balance also includes 613 shares acquired on 06/10/2010 through the automatic dividend reinvestment feature of Exelon plans.
- 3. Phantom shares held in a multi-fund deferred compensation account to be settled for cash on a 1:1 basis upon the reporting person's termination of employment for any reason. Shares are acquired through regular periodic contributions and the reinvestment of dividend equivalents.
- 4. Balance includes 70 shares acquired on 06/10/2010 through the automatic dividend reinvestment feature of Exelon plans.

## Remarks:

Lawrence C. Bachman, Esq., Attorney in Fact for Sue L. Gin

06/30/2010

\*\* 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.