Edgar Filing: GILLIS RUTH ANN M - Form 4

GILLIS RU Form 4	JTH ANN M												
June 08, 20 FORN	ЛЛ	STATES						GE CC	OMMIS	SSION	OMB A OMB Number:	.PPROV/ 3235	4L -0287
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESForm 4 or Form 5 obligations may continue. See Instruction 1(b).Statement of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									Estimated average burden hours per response 0		ry 31, 2005 0.5		
(Print or Type	e Responses)												
1. Name and Address of Reporting Person <u>*</u> GILLIS RUTH ANN M			2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]					5. Relationship of Reporting Person(s) to Issuer					
(Last)(First)(Middle)10 SOUTH DEARBORN STREET, 54TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 06/05/2009					(Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title 0ther (specify below) below) Executive Vice President					
				Amendment, Date Original (Month/Day/Year)				A	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
(City)	(State)	(Zip)	Tak	la I. Nou l	Daula		S		Person		an Danafiata	U O	J
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	-	d Date, if	3. Transactic Code	4. S onAcq Disp (Ins	ecuriti juired posed tr. 3, 4	es (A) or of (D)	5. A Sec Ben Ow Foll Rep Trat	Amount of ourities meficially ned lowing ported nsaction str. 3 and	of 6. Fo (E (T) (I) (s)	or Beneficia Ownership orm: Direct O) or Indirect nstr. 4)	7. Natur Indirect	e of al nip
Reminder: Re	eport on a separate lin	e for each cla	ss of sec	urities bene	F it r	Perso nform equir	ned directly ns who re nation con ed to res vs a curr	espon ntaine pond	d to the d in thi unless	s form a the form	ire not 1	SEC 1474 (9-02)	

number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					(Instr. 5)
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Comp. Phantom Shares	<u>(1)</u>	06/05/2009	A	19	<u>(1)</u>	<u>(1)</u>	Common Stock	19	\$ 48.46

Reporting Owners

Reporting Owner Name / Address			Relationships		
	Director	10% Owner	Officer	Other	
GILLIS RUTH ANN M 10 SOUTH DEARBORN STREET 54TH FLOOR CHICAGO, IL 60603			Executive Vice President		
Signatures					
Lawrence C. Bachman, Attorney in I Gillis	06/08/2009				
<u>**</u> Signature of Reporting F	Person		Date		
Explanation of Poen	neoc				

Explanation of Responses:

- * 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).

Phantom shares held in a multi-fund deferred compensation plan to be settled for cash upon the reporting person's termination of

- (1) 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.
- (2) Balance includes 7 shares acquired on 03/10/2009 through the automatic dividend reinvestment feature of Exelon plans.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.