Edgar Filing: EXELON CORP - Form 4

EXELON O Form 4	CORP										
March 06, 2	2006										
								OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0287		
Check t if no lo subject Section Form 4 Form 5 obligati may co	to 16. or Filed pu ons Section 17	MENT OF rsuant to S (a) of the I	Section	SECUI	Estimated burden hou response	Estimated average burden hours per response 0.5					
<i>See</i> Inst 1(b).		30(h)	of the I	nvestment	t Compa	ny Act of 1	1940				
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> ROWE JOHN W			2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]			5. Relationship of Reporting Person(s) to Issuer					
(Leat)	(First)	(Mcddla)					(Check all applicable)				
(Last) (First) (Middle) 10 SOUTH DEARBORN STREET, 37TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 03/03/2006			Director 10% Owner X Officer (give title Other (specify below) Chairman, President and CEO					
				4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 				
CHICAGO), IL 60603						Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or l of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder D	mort on a senarate lin	e for each al	ass of see								
Keminder: Ke	eport on a separate lin	e for each cl	ass of sec	unues bene	Perse infor requi	ons who rea mation con red to resp	or indirectly. spond to the colle tained in this forr ond unless the fo ntly valid OMB co	n are not orm	SEC 1474 (9-02)		

 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	ionNumber	Expiration Date	Underlying Securities	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security

number.

Edgar Filing: EXELON CORP - Form 4

(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>	03/03/2006	A	18	<u>(1)</u>	<u>(1)</u>	Common Stock	18	\$ 57.02

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ROWE JOHN W 10 SOUTH DEARBORN STREET 37TH FLOOR CHICAGO, IL 60603			Chairman, President and CEO				
Signatures							
Scott N. Peters, Attorney in Fact for Rowe	John W.	(03/06/2006				
**Signature of Reporting Person			Date				
Explanation of Resp	onses	S:					

- * 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.

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.