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EXELON C Form 4 October 04, FORM Check th if no lon subject t Section Form 4 Form 5 obligation may con <i>See</i> Instr 1(b).	2005 A 4 UNITED and the second se	IENT OF suant to S a) of the I	Was F CHAN Section 1 Public U	shington IGES IN SECUF 6(a) of th	, D.C. 20 BENEF RITIES le Securi ding Col	D549 FICIA tites H	AL OW Exchang	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated burden ho response	•	
1. Name and Address of Reporting Person <u>*</u> GIN SUE L			2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]				ing	5. Relationship of Reporting Person(s) to Issuer			
	(First) (N DEARBORN 7TH FLOOR	Middle)		f Earliest Ti Day/Year)				(Che X_ Director Officer (giv below)		ble) 0% Owner ther (specify	
				. If Amendment, Date Original iled(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 Person 			
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secu	rities Acq	uired, Disposed o	of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3, Amount	ispose 4 and (A) or	d of (D)	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)	
Common Stock (Deferred Stock Units)	09/30/2005			A	269	A	\$ 55.66	8,748 <u>(1)</u>	I	By Exelon Directors' Deferred Stock Unit Plan	
Common Stock (Deferred Stock Units)								2,702 <u>(2)</u>	I	By Unicom Directors' Retirement Plan	
Common Stock								26,520 <u>(3)</u>	D		

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	Derivative	Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D Se (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Compensation - Phantom Shares	<u>(4)</u>	09/30/2005		А	230	<u>(4)</u>	(4)	Common Stock	230	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
GIN SUE L 10 SOUTH DEARBORN STREET 37TH FLOOR CHICAGO, IL 60603	Х						
Signatures							
Scott N. Peters, Attorney in Fact for L. Gin	Sue	10/0	3/2005				
**Signature of Reporting Person		Ι	Date				

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).
- (1) Balance also includes 60 shares acquired on 09/10/2005 through the automatic dividend reinvestment feature of Exelon plans.
- (2) Balance also includes 19 shares acquired on 09/10/2005 through the automatic dividend reinvestment feature of Exelon plans.
- (3) Balance also includes 188 shares acquired on 09/10/2005 through the automatic dividend reinvestment feature of Exelon plans.

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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 (4) termination of employment for any reason. Shares are acquired through regular periodic contributions and the reinvestment of dividend

- equivalents.
- (5) Balance also includes 43 shares acquired on 09/10/2005 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.