EXELON C Form 5 February 14, FORN Check this no longer to Section Form 4 or 5 obligation may conti <i>See</i> Instru 1(b). Form 3 Ha Reported Form 4	, 2005 15 UNITED S s box if subject 16. Form ANN ons nue. ction Filed pure oldings Section 17(a	UAL STAT OV suant to Sec a) of the Pul	Wasl FEMEI WNER tion 16 blic Uti	hington, D NT OF CH SHIP OF S 5(a) of the S	.C. 2054 IANGES SECURI Securities g Compa	9 5 IN 1 TIE: Exc any A	BENE S hange Act of	Act of 1934, 1935 or Sectio	OMB Number: Expires: Estimated burden ho response	ours per		
1. Name and Address of Reporting Person <u>*</u> GIN SUE L			2. Issuer Name and Ticker or Trading Symbol EXELON CORP [EXC]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(Last) (First) (Middle)			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004				(Check all applicable) <u>X</u> Director 10% Owner Officer (give title Other (specify				
10 SOUTH 37TH FLOO	DEARBORN ST OR	REET,						below)	below)			
	(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)				
CHICAGO,	IL 60603							_X_ Form Filed by Form Filed by Person				
(City)	(State)	(Zip)	Table	I - Non-Deri	vative Sec	uritie	es Acqu	ired, Disposed o	of, or Benefic	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day.	ate, if	3. Transaction Code (Instr. 8)	4. Securities 5 ion Acquired (A) or Sec Disposed of (D) Be (Instr. 3, 4 and 5) Ow of (A) (In or 4)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (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 Shares)	Â	Â		Â	Amount Â	. ,	Price Â	7,658	I	By Exelon Deferred Stock Unit Plan		
Common Stock (Deferred Shares)	Â	Â		Â	Â	Â	Â	2,638	I	By Unicom Retirement Plan		
	Â	Â		Â	Â	Â	Â	25,895	D	Â		

Common Stock

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

Persons who respond to the collection of informationSEC 2270contained in this form are not required to respond unless(9-02)the form displays a currently valid OMB control number.(9-02)

 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)		4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	umber Expiration Date (Month/Day/Year) erivative ecurities cquired a) or isposed (D) nstr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Comp Phantom Shares	Â	Â	Â	Â	Â	(1)	(<u>1)</u>	Common Stock	5,488	Â

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
GIN SUE L 10 SOUTH DEARBORN STREET, 37TH FLOOR CHICAGO, IL 60603	ÂX	Â	Â	Â	
<u>^'</u>					

Signatures

Sue L. Gin 02/11/2005

<u>**</u>Signature of Reporting Person 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).

Shares held as of 12/31/2004 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 and the automatic reinvestment of dividends.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedure.

Edgar Filing: EXELON CORP - Form 5

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.