FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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hours per response:	0.5									

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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 an		2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)											
IVICTIVO	<u>y 501111</u>										2	X Direc				Owner						
(Loot)	/5											X Officer (give tit below)			Other below	r (specify						
(Last)	,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)										,	Presid	lent & CE	′			
CONSOLIDATED EDISON, INC. C/O						05/16/2016									CI.	idirindir, i	resid	ichi ca CL				
SECRETARY																						
4 IRVING PLACE, SUITE 1450-S						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)																Line)						
NEW YORK NY 10003															X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S	state)	(Zip)												Pers	son						
		Tal	ole I - N	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Di	sposed o	f, or E	Benefi	ciall	y Own	ed						
1. Title of S	Security (Ins	tr. 3)		2. Transac	tion						4. Securities Acquired (A) or								7. Nature of Indirect Beneficial			
Date					e nth/Day/Year)					ction Instr.	Disposed Of (D) (Instr. 3, 4 5)		str. 3, 4	and Securiti Benefic								
				l .				th/Day/Year)							Owned Following Reported		(l) (Instr. 4)		Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Pric	е	Transac (Instr. 3	tion(s)			(
Common	Stock			05/16/2	2016)16			p (1)		28	A	\$7	3.41	14,0	51.08	D					
																			By Tax			
						1													Reduction			
Common	Stock					1									2,149.68			_I	Act Stock			
Common	JUCK					1									2,1	+3.00			Ownership			
						1													Plan			
																			(TRASOP)			
																			By			
Common Stock															1,117.52				THRIFT			
																			PLAN			
		-	able II								osed of,				Owned							
			_	(e.g., pu	ıts, c	alls,	warr	ants,			convertib	le sec	uritie	s)								
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Dee		4. Transa	5. Number of		6. Date Expirat		isable and	nd 7. Title and Amount of			Price of erivative	9. Numbe		10. Ownership	11. Nature of Indirect				
Security	or Exercise) if any	·	Code ((Month			Securities		s	ecurity	Securities	s Form:		Beneficial			
(Instr. 3)	Price of Derivative Security		(MONU)	Day/ fear)	8)		Acqu	ired				Underlying Derivative		- [`	nstr. 5)	Beneficial Owned	´	Direct (D) or Indirect	Ownership (Instr. 4)			
							(A) or Disposed				Security (Instr. and 4)		3		Following Reported		(I) (Instr. 4)					
				of (D) (Instr. 3, 4										Transaction (Instr. 4)	on(s)							
			1				and 5)									(
			1	Γ									Amoui	nt								
													or Numbe	er								
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of Shares	,								

Explanation of Responses:

1. The purchase reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 20, 2015.

Remarks:

<u>Jeanmarie Schieler; Attorney-</u> <u>in-Fact</u> <u>05/</u>

05/16/2016

** 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.