FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Vashington,	D.C.	20549

Washington,	D.C.	20549
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

		OMB APPROVAL
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OMB Number: 3235-0362 Estimated average burden hours per response: 1.0

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box if no longer subject to

Form 3 Holdings Reported

Form 4 Transactions Reported

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

<u> </u>				or Section	n 30(n)) or the	invest	ment C	ompany Ac	t of 194	U								
1. Name and Address of Reporting Person* MCTIERNAN CHARLES E JR					2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify							
(Last) CONSOL SECRET		st) (I	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008									X Officer (give title officer (specify below) General Counsel (retired)					
4 IRVING PLACE, ROOM 1618-S				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street) NEW YORK NY 10003				-								Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta	ate) (2	Zip)																
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	Benefic	ially	y Owne	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Dispose	sed 5. Amount of Securities Beneficially Owned at end of		es ally	6. Ownership Form: Direct f (D) or		7. Nature of Indirect Beneficial Ownership			
				(montanbay)	(Month/Day/Year) 8)			Amount ((A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)		
Common Stock									420.84 ⁽¹⁾		.84 ⁽¹⁾	D							
Common Stock											16.1			I i	Tax Reduction Act Stock Ownership Plan TRASOP)				
		Та	ble II - Derivat (e.g., p	tive Secur uts, calls,									Owned						
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. Transaction Code (Instr. 8)	of	r osed (, 3, 4	Expir	piration Date Onth/Day/Year) Securit Underi) Derivat Securit and 4)				De Se (lir	Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	e s Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exerc			Amount or Number of Shares									

Explanation of Responses:

1. Includes 0.77, 0.80, 0.74, and 0.86 shares of Consolidated Edison, Inc. ("Company") common stock acquired on March 15, 2008, June 15, 2008, September 15, 2008 and December 15, 2008, respectively, pursuant to the Company Automatic Dividend Reinvestment and Cash Payment Plan. As per General Instruction 4(a) to Form 5, Column 5 sets forth the number of securities beneficially owned by the reporting person as of December 31, 2008. As of the filing date of this report, the number of securities beneficially owned by the reporting person is 477.58, reflecting certain transactions previously reported on Form 4 filing(s) during the period between December 31, 2008 and the filing date of this report.

Remarks:

Peter J. Barrett; Attorney-in-

02/17/2009

** 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.