FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | OVAL | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average burd | en | | | | | |
| l | 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(b).

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 <u>Hernan</u> | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | | | | | all app | | g Perso | 10% C | wner | | | | |
|--|---|--|---|-----------------------|--------------------------------------|-----------------|---------------|---------------|--------------------------------------|--------------|---------------------|---|----------------|------------------------------|---|-------------------------|---|-----------------------------------|--|--|
| (Last) CONSOI SECRET | (Fi LIDATED E ARY | | 3. Date of Earliest Transaction (Month/Day/Year) 04/05/2006 | | | | | | | | | | belov | er (give title v) | | Other (specif below) | | | | |
| 4 IRVINO | G PLACE; | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) NEW YORK NY 10003 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | tity) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ties Acquired (A) l Of (D) (Instr. 3, 4 | | | and Sec Bei Ow | | ecurities eneficially | | ership Direct ndirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | (, () | A) or D) | Price | | Transa | nsaction(s) str. 3 and 4) | | | (111511.4) | | | |
| Common | Stock | | 2006 | 2006 | | P | | 10.373 | 3 | A | \$43 | .38 | 14,575.3788 | |] | D | | | | |
| Common | Stock | 2006 | | P | | 21.246 | 5 | A | \$42.36 | | 14,596.6248 | |] | D | | | | | | |
| Common Stock 04/20/2 | | | | | | | 2006 | | P | | 10.611 | | A | \$42 | .41 | 14,607.2358 | |] | D | |
| | | Та | ble II - | Derivati (e.g., pu | ve Se its, ca | cur Ils, | ities warr | Acqu ants, | ired, D option | ispo s, c | sed of, onvertib | or B le se | enefi ecuri | ciall ties) | y Ow | ned | | | | |
| 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 (Inst 8) | | on of | | 6. Date E Expiratio (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | ivative curity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dir or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V (A) | | (A) | (D) | | | Expiration Date | Title | or | ount mber ires | | | | | | |

Explanation of Responses:

Remarks:

Peter J. Barrett; Attorney-in-

Fact ** Signature of Reporting Person

Date

04/21/2006

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.