FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 0.5 hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Kelly Mary ———————————————————————————————————						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]								ck all applica Director	,		n(s) to Issu 10% Ow Other (s	ner		
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, ROOM 16-205							3. Date of Earliest Transaction (Month/Day/Year) 02/20/2019								X below) below) SVP, Corporate Shared Services					
(Street) NEW YORK NY 10003					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)														Person						
		Tab	le I - No	n-Deri	vativ	e Se	curitie	es Acc	uired,	Dis	posed of	f, or Ben	eficially	Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired Of (D) (Instr		Beneficia Owned Fo	lly	Form:	Direct I Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a				Instr. 4)		
Common Stock 02/20						/2019			M		2,802	A	(1)	6,32	6,322.22		D			
Common Stock 02/20						/2019		D		2,802	2,802 D \$		3,520.22			D				
		-									osed of, convertib			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		Derivative		6. Date I Expiration (Month/I	on Da			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s llly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	A) (D) I		able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)					
Performance Units (Phantom Stock)	(2)	02/20/2019			A		4,800		(3)		(3)	Common Stock	4,800(4)	(1)	4,800 ⁽	(4)	D			
Performance Units (Phantom	(2)	02/20/2019			M			2,802	02/20/2	019	02/20/2019	Common Stock	2,802(5)	(1)	0		D			

Explanation of Responses:

- 1. Not applicable.
- 2. Each Performance Unit is the economic equivalent of one share of Consolidated Edison, Inc. (the "Company") common stock.
- 3. Performance Units granted under the Company's Long Term Incentive Plan ("LTIP"), will vest in 2022 when they are determined and awarded by the Management Development and Compensation Committee of
- 4. The number of shares (or cash equivalents) will be adjusted based on certain performance criteria, including criteria other than the market price, as specified under the LTIP.
- 5. The number of shares (or cash equivalents) were adjusted based on certain performance criteria, including criteria other than the market price, as specified under the LTIP.

Remarks:

Vanessa M. Franklin; Attorney-02/22/2019 in-Fact

** 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.