FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

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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

Name and Address of Reporting Person* Sanchez Robert					2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]									able)	g Perso	on(s) to Issu 10% Ow Other (s	ner		
(Last) (First) (Middle) CONSOLIDATED EDISON COMPANY OF NY, INC.				ΙΥ,		Date o		t Transa	action (Mo	onth/E	Day/Year)		below)						
4 IRVING PLACE, ROOM 1450-S				4. If	f Ame	ndment,	Date of	Original	Filed	(Month/Day		6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) NEW YOL	RK NY	1	.0003		_									X Form fil	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta	ite) (.	Zip)																
		Tab	le I - No	n-Deri	vativ	e Se	curitie	es Acc	quired,	Dis	posed of	, or Ber	eficiall	y Owned					
1. Title of Security (Instr. 3)		Date	Transaction ite onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Beneficia Owned Fe	s lly ollowing	Form	: Direct I Indirect E str. 4) (7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)		1	Instr. 4)	
Common Stock		02/1	02/15/2017				М		4,125	A	(1)	5,70	5,701.44		D				
Common Stock		02/1	5/2017				D		4,125	4,125 D S		9 1,57	1,576.44		D				
Common Stock												47	47.92		I 7	Зу ГНRIFT Plan			
		-									osed of, convertib			Owned					
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year)		Date,	Code (Insti				6. Date Exercisable Expiration Date (Month/Day/Year)		te	and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(6)			
Performance Units (Phantom Stock)	(2)	02/15/2017			A		4,400		(3)		(3)	Common Stock	4,400(4	(1)	4,400	(4)	D		
Performance Units (Phantom	(2)	02/15/2017			M			4,125	02/15/20	017	02/15/2017	Common	4,125 ⁽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 2020 when they are determined and awarded by the Management Development and Compensation Committee of the Company's Board of Directors.
- 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; Attorneyin-Fact

02/17/2017

** 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.