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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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

Name and Address of Reporting Person* Sanchez Robert						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]								c all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owne Other (spec		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								President & CEO, O&			below) , O&R		
(Street) NEW YORK NY 10003				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							- 1	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	•	(Zip)															
1. Title of Security (Instr. 3) 2. Trans. Date				sactio			quired, Disposed of, or Benef 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3)		d (A) or	or 5. Amount of Securities Beneficially Owned Follo		6. Own Form: (D) or I (I) (Inst	Direct Ir Indirect B tr. 4) O	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common S	tock			02/2	0/201	19			М		2,895	2,895 A (1) 5,251.83]	D			
Common S	tock			02/2	0/201	19			D		2,895	D	\$78.87	2,356	6.83 D			
Common S	itock													166.	6.73 I By THRIFT PLAN			
			Table II -								osed of, convertib			wned			·	
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	ion(s)	11(5)	
Performance Units (Phantom Stock)	(2)	02/20/2019			A		12,600		(3)		(3)	Common Stock	12,600(4)	(1)	12,600)(4)	D	
Performance Units (Phantom Stock)	(2)	02/20/2019			M			2,895	02/20/20	019	02/20/2019	Common Stock	2,895(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 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

02/22/2019

** 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.