FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------|---------------|--|--|--|--|--|--|--|--|--|
| 1 | | $\overline{}$ | | | | | | | | | |

OMB Number: 3235-0287 Estimated average burden 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 and Address of Reporting Person* RESHESKE FRANCES (Last) (First) (Middle) CONSOLIDATED EDISON COMPANY OF NY, INC. 4 IRVING PLACE; ROOM 1618-S (Street) | | | | | 3. D 09/ | Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2011 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) SVP, Public Affairs 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
|---|---|--|------------------------------|--|-------------|--|--|---|--|---|---------------------|--|---|---|--|--|-----------------------|--|--|---|
| NEW YORK NY 10003 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ay/Year) Executi | | A. Deemed xecution Date, any Month/Day/Year) | | | | Securities Acquired (A) sposed Of (D) (Instr. 3, 4 | | | 4 and Sec | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | | A) or D) | Price | Tra | Transaction(s) (Instr. 3 and 4) | | | | (1113411 4) |
| Common Stock 09/30/2 | | | | | /2011 | 2011 10 | | 0/05/2011 | | | 15.58 ⁽¹ | l) | A | \$56 | 5.38 | 24,315.93 ⁽²⁾ | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1 | | 165.29 | I | | By THRIFT PLAN |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) 8 | | 4. Transa Code (8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative urities uired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Shares | | ount nber | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owner Form Direct or Ind (I) (In | t (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.
- 2. Includes 241.41 Deferred Stock Units ("DSU") acquired September 15, 2011 pursuant to the Company Long Term Incentive Plan's dividend reinvestment provision. Each DSU represents one share of the Company's common stock.

Remarks:

Carole Sobin; Attorney-in-Fact 10/06/2011

** 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.