FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average t | ourden | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
|) | Section 16. Form 4 or Form 5 | | | | | | | | |
| J | 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* Nadkarni Gurudatta D (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY | | | | | 3. D | Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2011 | | | | | | | | | Check al | II appli Directo Officer below) | icable) or r (give title) | g Person(s) to I 10% (Other below gic Planning | Owner (specify | |
|--|---|--|---|---|---|--|---------|------------|--|--------------------------|---|---|------------------------------------|---------------------|--|--|---|---|---------------------------------------|--|
| 4 IRVING PLACE, ROOM 1618-S (Street) NEW YORK NY 10003 (City) (State) (Zip) | | | | | 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 Person | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, or | r Ben | efici | ally O | wned | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, if any (Month/Day/Year) | | xecution Date, any | | | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd S B O R | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | V | Amount | - 10 | (A) or (D) | Price | (1 | Transaction(s) (Instr. 3 and 4) | | | | | | | |
| Common Stock 07/31/ | | | | | /2011 08 | | 08/03/ | 08/03/2011 | | | 38.87 | (1) A \$ | | \$53 | .48 | 2,4 | 13.88 | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | 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. Transaction Code (instr. 8) | | of | | 6. Date Exercis Expiration Date (Month/Day/Yea | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | str. 3 | 8. Price Derival Securit (Instr. § | tive c ty 5 5) E | 9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) | (D) | | | Expiration Date | Amoun or Numbe of Shares | | nber | | | | | | | | |

Explanation of Responses:

1. Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.

Remarks:

Carole Sobin; Attorney-in-Fact 08/05/2011

** Signature of Reporting Person Da

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.