FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB APPROVAL	_

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	OMB Number:	3235-0287
ı	Estimated average burden	

0.5

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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*     Moore Elizabeth D						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]									ationship of F all application Director Officer (g below)	ole)	Persor	10% Ow Other (s below)	ner
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, SUITE 1618-S						3. Date of Earliest Transaction (Month/Day/Year) 02/15/2017									,	P & Ger	neral C	,	
(Street) NEW YORK NY 10003				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	Indiv	ndividual 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)																
		la	ıble I - Noı	1-Deri	vativ	ve S	ecuritie	es Acq	uired,	Dis	posed of	, or Ben	eficial	ly C	wned				
1. Title of Security (Instr. 3)  2. Transplate (Month/L					Exec Day/Year)   if an		A. Deemed execution Date, any Month/Day/Year)		3. 4. Securitie Transaction Code (Instr. 8)							Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				
Common Stock 02/15				5/201	5/2017		M		19,488 A		(1)	)	56,808.91		D				
Common Stock 02/1				5/2017		D		19,488 D		\$73	.69	37,320.91		D					
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code (In:					6. Date Exercisa Expiration Date (Month/Day/Yea		te of Securiti		ties Ig Deriva	tive	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact	re es ally ig d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
				Code	Code	v	(A) (D)	Date Exercisa	able	Expiration Date	Title	Amoun Numbe Shares	r of		(Instr. 4)				
Performance Units (Phantom Stock)	(2)	02/15/2017			A		13,000		(3)		(3)	Common Stock	13,00	0(4)	(1) 13,00		0 <sup>(4)</sup>	D	

## **Explanation of Responses:**

(2)

1. Not applicable.

Performance Units

(Phantom Stock)

2. Each Performance Unit is the economic equivalent of one share of Consolidated Edison, Inc. (the "Company") common stock.

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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.

02/15/2017

19,488

- 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:

<u>Vanessa M. Franklin; Attorney-in-Fact</u>

19,488(5)

(1)

02/17/2017

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\*\* Signature of Reporting Person

Common Stock

02/15/2017

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).

02/15/2017

\*\* 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.