FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
l	OMB Number:	3235-028								

87 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).

n 1(b).			File										34		liouis	рег гезропзе.	0.5	
1. Name and Address of Reporting Person* OATES JOSEPH P (Last) (First) (Middle)							2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specible)			
CONSOLIDATED EDISON, INC. C/O SECRETARY							3. Date of Earliest Transaction (Month/Day/Year) 12/31/2018								rman, Presi	dent & CEO	CET	
(Street) NEW YORK NY 10003						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				
(Sta	ate) (Zip)																
	Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	ally Own	ed			
Date						Execution Date, y/Year) if any		3. Transaction Code (Instr. 8) 4. Securit Disposed 5)		ties Acquired (A) I Of (D) (Instr. 3, 4		(A) or 3, 4 ar	Securi Benef Owner	ities icially d 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	Transa	action(s)		(1113411 4)	
tock	/2018		01/04/	2019	P		9.513(1	13 ⁽¹⁾ A \$		\$81	.94 23,7	762.481 ⁽²⁾	D					
	Та													y Owned				
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	n Date, ay/Year)	Transaction Code (Instr 8)		rr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Ye		e aar)	Amo Secu Und Deri Secu	ount of urities erlying vative urity (II 4) An or Nu of	nstr. 3 nount mber	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Address of JOSEPH (Fir DATED E RY PLACE, I Conversion of Exercise Price of Perivative	Address of Reporting Person* IOSEPH P (First) ((DATED EDISON, INC. C RY PLACE, ROOM 16-205 RK NY 1 (State) ((Table Conversion of Exercise of Perivative of Perivative of Perivative of Conversion of Exercise of Perivative	Address of Reporting Person* JOSEPH P (First) (Middle) DATED EDISON, INC. C/O RY PLACE, ROOM 16-205 RK NY 10003 (State) (Zip) Table I - No curity (Instr. 3) tock Table II - Conversion or Exercise Orice of Perivative (Month/Day/Year) Table II - Structure (Month/Day/Year) A. Deem Execution if any (Month/Day/Year) (Month/Day/Year)	Address of Reporting Person* IOSEPH P (First) (Middle) DATED EDISON, INC. C/O RY PLACE, ROOM 16-205 RK NY 10003 (State) (Zip) Table I - Non-Deriv curity (Instr. 3) 2. Transa Date (Month/D Conversion Date (E.g., pt. 2) Date (Month/Day/Year) In Exercise Orice of Derivative Security A. 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Explanation of Responses:

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

2. Total includes 198.519 Defered Stock Units ("DSUs") acquired on December 15, 2018 pursuant to the Company Long Term Incentive Plan's dividend reinvestment provision. Each DSU represents one share of the Company's common stock.

Remarks:

Vanessa M. Franklin; Attorney- 01/04/2019 in-Fact

** 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.