FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | len | | | | |
| 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* Moore Elizabeth D | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | | | Check a | all app | olicable) etor er (give title | g Person(s) to I 10% (Other below | Owner (specify | |
|---|---|--|---|----------|---|--|--|---|--------------------------------------|--|--|--|--|---------------------|---|--|---|--|--|--|
| (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2014 | | | | | | | | | | | , | neral Counsel | , | |
| 4 IRVING PLACE, SUITE 1618-S | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YORK NY 10003 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | า-Deriva | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally O |)wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transposite (Month/L | | | | | Day/Year) if a | | 2A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Se Be | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | 0 | (A) or (D) | Price | 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | | |
| Common Stock 03/31 | | | | | 1/2014 | | 04/03/ | 04/03/2014 | | | 71.57(1 | 1) | A \$54. | | .27 | 27 26,716.82 | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | n of Deriv Secu Acqu (A) or Dispo of (D) (Instr | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | ount nber res | | | | | | |

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 04/04/2014

** 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.