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 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

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1. Name and Address of Reporting Person* O'Brien James P				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								
(Last) (First) (Middle) CONSOLIDATED EDISON, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/29/2009								X Officer (give title Other (specify below) VP & Treasurer							
4 IRVING PLACE, ROOM 1618-S					4. If	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YO	RK NY	1	0009										Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta	te) (Z	Zip)											Person						
		Tab	le I - No	n-Deriv	vative	Se	curitie	s Ac	quired	, Dis	sposed o	f, or Be	neficially	y Owned						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5)				4 and Securities Beneficially Owned Fol		Form: [y (D) or Ir		7. Natu Indired Benefi Owner	ct icial rship				
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				(Instr.	4)	
Common Stock 01/2				01/29	/2009	2009			М		603	A	(1)	1,269.58		I	D			
Common Stock													112.:	36	:	I A O PI		Stock ership		
		T	able II -								osed of,			Owned						
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)		4. Transa	4. Transaction Code (Instr. 8) Secur Acqui (A) or Dispo of (D) (Instr.		5. Number 6		options, convertil 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Follow Report Transa (Instr. 4	tive ties cially l ing ed ction(s)	ve es Ownership Form: Direct (D) or Indirect (I) (Instr. 4) tion(s)		1. Nature of Indirect seneficial Ownership Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares							
Performance Restricted Stock Units (Phantom Stock)	(2)	01/29/2009			A		4,100		(3)		(3)	Common Stock	4,100(4)	(1)	4,100 ⁽⁴⁾		0 ⁽⁴⁾ D			
Performance Restricted Stock Units (Phantom Stock)	(2)	01/29/2009			M			603	01/29/2	009	01/29/2009	Common Stock	603(5)	(1)		0	D			

Explanation of Responses:

- 1. Not Applicable.
- 2. Each Performance Restricted Stock Unit (PRSU) is the economic equivalent of one share of Consolidated Edison, Inc. ("Company") common stock.
- 3. PRSU's, granted under the Company's Long Term Incentive Plan (the "LTIP"), will vest in 2012 when they are determined and awarded by the Management Development and Compensation Committee of the Company's Board of Directors.
- 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:

Peter J. Barrett; Attorney-in-

02/02/2009

<u>Fact</u>

** 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.