FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to								
Section 16. Form 4 or Form 5								
obligations may continue. See								
Instruction 1(b).								

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* de la Bastide Lore						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]								ck all applica Director	ector cer (give title		Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, SUITE 16-205						3. Date of Earliest Transaction (Month/Day/Year) 02/19/2020								below)			below)	Decity
(Street) NEW YORK NY 10003 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No			_			-	Dis	posed of			Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D							2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Beneficia Owned Fo	s IIy	Form:	Direct II Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a				nstr. 4)
Common Stock 02/19						/2020		M	Г	2,251	A	(1)	2,894	2,894.528		D		
Common Stock 02/19.						/2020		D		2,251	2,251 D		643.	643.528		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. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		n Derivative		6. Date E Expiration (Month/I	on Da			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ve ies ially ng ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v					Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Performance Units (Phantom Stock)	(2)	02/19/2020			A		3,900		(3)		(3)	Common Stock	3,900(4)	(1)	3,900 ⁽⁴	4)	D	
Performance Units (Phantom Stock)	(2)	02/19/2020			M			2,251	02/19/20	020	02/19/2020	Common Stock	2,251 ⁽⁵⁾	(1)	0		D	

Explanation of Responses:

- 1. Not applicable.
- 2. Each Performance Unit is the economic equivalent of one share of Consolidated Edison, Inc. (the "Company") common stock.
- 3. Performance Units granted under the Company's Long Term Incentive Plan ("LTIP") will vest in 2023 when they are determined and awarded by the Management Development and Compensation Committee of
- 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:

Vanessa M. Franklin; Attorney-02/21/2020 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.