FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFIC	IAL OWNER	SHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burde	en							
l	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

Name and Address of Reporting Person* McAvoy John														5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													2	X Direc				Owner	
(Loot)	(5	irot) /	Middle												X Officer (give title Other (spec				
(Last)	,	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year)								Chairman, President & CEO					
		EDISON, INC. O	:/O		02/.	17/20	15								CI.	diriidii, i	resid	ichi ca CL	
SECRET																			
4 IRVING PLACE, SUITE 1618-S				4. If	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line	,		_		
NEW YC	ORK N	v ·	10003											-		•		porting Per	
															Forn Pers		fore th	an One Re	porting
(City)	(S	tate) (Zip)																
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Di	sposed o	f, or E	Benefi	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transaction				tion	on 2A. Deemed Execution Date,			3.		4. Securities Acquired (A) of						6. Ownership Form: Direct		7. Nature of Indirect	
				(Month/Day	y/Year)	/Year) if any			Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4 a 5)			Beneficially			(D) or Indirect	r Indirect	Beneficial
						(Month/Day/Year)							Owned Following Reported			(I) (Instr. 4)		Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Pric	e	Transac (Instr. 3				
Common Stock 02			02/17/2	2015				P ⁽¹⁾		33	A	\$6	3.72	12,3	60.55		D		
																			By Tax
																			Reduction
Common	Stock														20	45.46		1	Act Stock
Common	JUCK														2,0	+3.40			Ownership
																		Plan	
																			(TRASOP)
																			By
Common Stock													87	3.79		I	THRIFT		
																		PLAN	
		Ta	ıble II -	Derivati	ive S	ecur	ities	Acqu	ired, I	Disp	osed of,	or Bei	nefici	ally	Owned			<u> </u>	
				(e.g., pu	ıts, c	alls,	warr	ants,	optio	ns, o	convertib	le sec	uritie	s)					
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Dee		4. Transa	5. Number		6. Date Expirat		isable and		7. Title and Amount of		Price of erivative	9. Numbe		10. Ownership	11. Nature of Indirect	
Security	or Exercise		if any	·	Code (I		r. Derivative		(Month			Securities		s	ecurity	Securities	,	Form:	Beneficial
(Instr. 3) Price of (Month/Day/Year) 8) Derivative					8)	Acquired (A) or Disposed of (D)					Underlying Derivative		(nstr. 5)	Beneficial Owned	lly	Direct (D) or Indirect	Ownership (Instr. 4)	
Security								Security (Instr. 3 and 4)		. 3		Following Reported		(I) (Instr. 4)					
												Transaction(s)							
				(Instr. and 5										(Instr. 4)					
				ŀ									Amoui	nt					
													or Numbe						
					Code V (A) (D)				Date	abla	Expiration	 	of						
				Code	v	(A)	(D)	Exercis	aule	Date	Title	Shares	• I		I			1	

Explanation of Responses:

1. The purchase reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 23, 2014.

Remarks:

Carole Sobin; Attorney-in-Fact 02/18/2015

** 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.