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 burd | en        |  |  |  |  |  |  |  |  |
| hours per response:    | 0.5       |  |  |  |  |  |  |  |  |

|   | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5           |
| ı | obligations may continue. See          |
|   | Instruction 1(h)                       |

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 an   |   | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ] |   |          |   |      |   |  |                              |   | all app<br>Dired   | olicable)   |  | o Issuer<br>6 Owner<br>er (specify |                                       |   |   |  |
|--|---|--|---|----------|---|------|---|--|------------------------------|---|--------------------|---|--|------------------------------------|---------------------------------------|---|---|--|
| (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY  |   |  |   |          |   |      | 3. Date of Earliest Transaction (Month/Day/Year) 10/05/2005 |  |                              |   |                    |   |  |                                    |                                       | w) General  | bel<br>l Counsel  | ow)                                      |
| 4 IRVINO   | 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                                  | , , , , , , , , , , , , , , , , , , , |   |   |  |
| (City)   | (   | State) (   | (Zip)   |          |   |      |   |  |                              |   |                    |   |  |                                    |                                       |   |   |  |
|  |   | Tab  | le I - N  | on-Deriv | ative                                   | Seci | uritie  | s Ac   | quire                        | d, Di   | sposed o           | f, or B   | enefic                                 | ially                              | Owne                                  | ed  |   |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |   |  |   |          | Execution Date,                         |      |   | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 and 1) |                              |   |                    |   | and 5) Seci<br>Ben<br>Owr              |                                    | icially<br>d Following                | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                               | Indirect  |  |
|  |   |  |   |          |   |      |   |  | Code                         | v   | Amount             | (A) or<br>(D)   | Price                                  |                                    |                                       | action(s)<br>3 and 4)   |   | (IIISu. 4)                               |
| Common Stock 10/05/20  |   |  |   |          |   | 05   |   |  | L                            | V   | 0.6809(1)          | A   | \$48.                                  | 1422                               | 10                                    | 0.6113  | D   |  |
| Common Stock   |   |  |   |          |   |      |   |  |                              |   |                    |   |  |                                    | 3.771                                 | I   | TRASOP  |  |
|  |   | Та   | able II   |          |   |      |   |  |                              |   | osed of, convertib |   |  |                                    | wned                                  |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |  | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | 4.<br>Transaction<br>Code (Instr.<br>8) |      |   |  | 6. Date<br>Expirat<br>(Month | tion D  |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |  | Deri<br>Sec<br>(Ins                | vative<br>urity                       | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>ct (Instr. 4) |
|  |   |  |   |          | Code                                    | v    | (A)   | (D)  | Date<br>Exercis              | sable   | Expiration<br>Date |   | Amount<br>or<br>Number<br>of<br>Shares |                                    |                                       |   |   |  |

## **Explanation of Responses:**

1. Shares acquired under Con Edison's Stock Purchase Plan based on a plan statement as of 10/5/2005.

## Remarks:

Peter J. Barrett; Attorney-in-**Fact** 

10/12/2005

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.