FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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## 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*  Nadkarni Gurudatta D						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]								eck all applica	able)	Reporting Person(s) to Issuer ole)  10% Owner give title Other (specify		
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, ROOM 16-205						3. Date of Earliest Transaction (Month/Day/Year) 02/14/2018								below)	VP, Strategic Planning			
Street) NEW YORK NY 10003  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable )  K Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta			n-Deriv	vativ	- S	Curitic		uirad	Die	nosed of	or Ben	eficially	, Owned				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D					saction	'	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		l (A) or	5. Amoun Securities Beneficia Owned Fe	s lly ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	tion(s)			(Instr. 4)
Common Stock 02/14						2018			M		4,243	A	(1)	(1) 10,40			D	
Common Stock 02/14/						2018		D		4,243	D	\$77.0	6,15	6,159.91		D		
		-									osed of, convertib			Owned				
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 I Expiration (Month/I	on Da			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	tive ties cially I ing ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Performance Units (Phantom Stock)	(2)	02/14/2018			A		2,600		(3)		(3)	Common Stock	2,600(4)	(1)	2,600	(4)	D	
Performance Units (Phantom Stock)	(2)	02/14/2018			М			4,243	02/14/2	018	02/14/2018	Common Stock	4,243(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 2021 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:

<u>Vanessa M. Franklin; Attorney-</u> <u>02/16/2018</u> <u>in-Fact</u>

\*\* 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.