FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | ROVAL |
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| OMB Number: | 3235-028 |

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

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

| 1. Name and Address of Reporting Person* DEL GIUDICE MICHAEL J | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | | | tionship of Reporti all applicable) Director | | , | ssuer Owner |
|---|--|--|------------|--|------------------------------|--|---|----|---|---|--|---|---------------------|---|--|---|---|--|
| MILLENNIUM CREDIT MARKETS, LLC | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/06/2006 | | | | | | | | | Offic below | er (give title w) | Other below | (specify) |
| 15 WEST 48TH STREET (Street) | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| NEW YO | ORK N | Y 1 | 10020 | | - | | | | | | | | | | | oorting | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | Execution Date, | | | | | | Acquired (A) or (D) (Instr. 3, 4 an | | 5) | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | (111501.4) |
| Common Stock 06/30/200 | | | | | 006 | 06 07/06/2006 | | 06 | P | | 11.9951(1) | A | \$44.0 | 211 | 15,506.5745 ⁽²⁾ | | 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) | te Executi | | 4. Transa Code (8) | (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exe Expiration I (Month/Day | | eate Year) Expiration | 7. Title Amoun Securit Underly Derivat Securit and 4) | t of ies /ing | Der Sec | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Includes shares of common stock of Consolidated Edison, Inc. (the "Company") acquired pursuant to the dividend reinvestment provision of the Company's Stock Purchase Plan.
- 2. Total includes 138.883 Deferred Stock Units acquired pursuant to the dividend reinvestment feature of the Company's Long Term Incentive Plan and 13.3472 shares acquired pursuant to the Company's Automatic Dividend Reinvestment and Cash Payment Plan.

Remarks:

Peter J. Barrett; Attorney-in-

Fact

** Signature of Reporting Person

Date

07/10/2006

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.