FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

0	MB AP	PROVAL

OMB Number: 3235-0287 Estimated average burden 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

1. Name and Address of Reporting Person* HOGLUND ROBERT N					2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify					
	DATED EI	(First) (Middle) D EDISON, INC. E, ROOM 1450-S				3. Date of Earliest Transaction (Month/Day/Year) 02/15/2017						^	below)	SVP &	below) & CFO			
(Street) NEW YOL	RK NY	7	10003		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta	ate)	(Zip)															
		Ta	able I - No	n-Deriva	ative S	ecuriti	es Acq	uired,	Dis	posed of	, or Ben	eficially (Owned					
Da			2. Transa Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount Securities Beneficiall Following Reported	y Owned (6. Owne Form: D (D) or In (I) (Instr	Direct In ndirect B r. 4) O	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	(A) or (D)	Price	Transactio	(s) 4)		"	11501. 4)			
Common Stock			02/15/	2017			М		31,668	A	(1)	69,34	3.59	Ι)			
Common Stock 0			02/15/	5/2017			D		31,668	D	\$73.69	37,675.59		Ι)			
			Table II -							osed of, convertib			wned					
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date Or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deemed Execution Da if any (Month/Day/)	Coc	nsaction le (Instr.			6. Date Exercisable an Expiration Date (Month/Day/Year)		ite			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	ly (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)			
Performance Units (Phantom Stock)	(2)	02/15/2017		A		20,500		(3)		(3)	Common Stock	20,500(4)	(1)	20,500 ⁽⁻	4)	D		
Performance Units (Phantom	(2)	02/15/2017		М			31,668	02/15/2	017	02/15/2017	Common Stock	31,668 ⁽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 2020 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:

Vanessa M. Franklin; Attorneyin-Fact

02/17/2017

** 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.