FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| hours per response: | 0.5 |
|-------------------------|-----------|
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| | 3235-0207 |

| 1. Name and Addres <u>Stanley Deird</u> | s of Reporting Perso | n* | 2. Issuer Name and Ticker or Trading Symbol <u>CONSOLIDATED EDISON INC</u> [ED] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|----------------------------|-------|---|--|--|---------------------------------------|--|--|--|
| <u>otuney Dena</u> | <u></u> | | | | Director | 10% Owner Other (specify below) | | | |
| | (First) ED EDISON, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2017 | | Officer (give title below) | | | | |
| 4 IRVING PLACE, ROOM 16-205 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | X | Form filed by One Repor | rting Person | | | |
| NEW YORK | Y YORK NY 10003 | | | | Form filed by More than Person | One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Da if any (Month/Day/Y | | ution Date, Transaction I y Code (Instr. | | 4. Securities A Disposed Of (I | | | 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) | | (mour 4) |
| Common Stock | 12/31/2017 | | A | | 148.36(1) | Α | \$84.95 | 921.4 ⁽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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|---|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Deferred Stock Units ("DSU") granted pursuant to the Consolidated Edison, Inc. (the "Company") Long Term Incentive Plan. Each DSU represents one share of the Company's common stock. 2. Includes 6.04 DSUs acquired on December 15, 2017, pursuant to the Plan's dividend reinvestment provision.

Remarks:

Jeanmarie Schieler; Attorneyin-Fact

01/03/2018

** 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.