FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGI | ES IN BEN | EFICIAL (| DWNERSH | HР |
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| OMB APPROVAL | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| 1. Name ar | nd Address of | Reporting Person* | | | 2. 19 | ssuer | Name a | nd Tick | cer or Tra | ading | | | | | | | | g Person(s) to | Issuer |
|--|---------------|-------------------|-------------------------------------|--------------------------------|--|--|--|------------|---|-----------------|-------------------------|-----------|----------------------------|---|---|---|---------------------|----------------|------------|
| HOGLUND ROBERT N | | | <u>CC</u> | CONSOLIDATED EDISON INC [ED] | | | | | | | | (| | all applicable) Director Officer (give title | | | Owner r (specify | | |
| (Last) (First) (Middle) CONSOLIDATED EDISON, INC. 4 IRVING PLACE, ROOM 1618-S | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2014 | | | | | | | | | X | belov | | | |
| (Street) NEW YORK NY 10003 (City) (State) (Zip) | | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Cf Line) X Form filed by One Reporting Form filed by More than On Person | | | | | | | | | e Reporting Per | rson | | | |
| | | Tabl | le I - No | n-Deriv | ative | Sec | curitie | s Acc | quired | , Dis | posed o | of, o | or Ben | efici | ally C |)wne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Day/Year) Exe | | A. Deemed xecution Date, any //onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | (A) or 3, 4 ar | nd 5) S | Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | . 17 | Reported Transaction(s) (Instr. 3 and 4) | | | (instr. 4) |
| Common Stock 12/31 | | | | | /2014 | 2014 01/06/2015 | | 2015 | P | | 101.29 ⁽¹⁾ A | | \$64 | .69 36,230.59 | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) Conversion or Exercise (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | Execution if any | n Date, Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | Code | ,, | (4) | (D) | Date Evercis | | Expiration | Titl | or Nui of | mber | | | | | | | | |

Explanation of Responses:

1. Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.

Remarks:

Carole Sobin; Attorney-in-Fact 01/07/2015

** 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.