FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ١ | Vas | hing | ton, | D.C. | 20549 | |
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| 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* OLIVERA ARMANDO J (Last) (First) (Middle) | | | | | 3. D | Susuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC ED 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | Check all X D | ship of Reporting applicable) rector fficer (give title blow) | ng Pers | 10% C | wner (specify | |
|--|--|--|--|-----------------------------|-------|---|------------|--------|--|----------|--|---|----------|---|---|----------------|---|---|--|
| CONSOLIDATED EDISON, INC. C/O SECRETARY | | | | | | | 05/22/2018 | | | | | | | | | | | | |
| 4 IRVING PLACE; ROOM 16-205 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YORK NY 10003 | | | | | | | | | | | | | | F | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | ally Ov | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | Code (| Transaction Disposed Code (Instr. 5) | | ties Acquired (A) l Of (D) (Instr. 3, 4 | | | d Se Be Ov | Amount of curities neficially ned Following ported | Form (D) or | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | A) or O) | Price | Tra | nsaction(s) str. 3 and 4) | | | (msu. 4) | |
| Common Stock 05/22/2 | | | | | | 2018 | | A | | 2,031(1) | | Α | \$73 | .84 1 | 34 11,065.77 ⁽²⁾ | | D | | |
| Common Stock | | | | | | | | | | 500 | | I | By Trust | | | | | | |
| | 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. Deem Execution if any (Month/Da | n Date, Transac Code (In | | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Derivati Security (Instr. 5) | | O Fe Di (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | Code | | v | (A) | (D) | Date Expirati Exercisable Date | | | Title | | nber res | | | | | | | | |

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, 72.12, 71.92, 69.96, and 84.24 DSUs acquired on June 15, 2017, September 15, 2017, December 15, 2017 and March 15, 2018 pursuant to the dividend reinvestment provision of the Company long term incentive plan.

Remarks:

Vanessa M. Franklin; Attorney- 05/22/2018 in-Fact

** 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.