FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

	Check this box if no longer subject to								
)	Section 16. Form 4 or Form 5 obligations may continue. See								
	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*							2. Issuer Name <b>and</b> Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>HOGLUND ROBERT N</u>																	Direc	ctor		10% C	wner			
																X	Officer (give title below)			Other (specify below)				
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)										<b>C</b>	enior Vice	Droc	& CEO				
CONSOI	109/	09/28/2007												icinoi vicc	1103.	CI O								
4 IRVING PLACE, ROOM 1618-S																								
4 IKVING LACE, KOOM 1010-3							4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable						
					-   4. "	4. II Americinent, Date of Original Filed (Month/Ddy/Year)										Line)								
(Street)																	X Form filed by One Reporting Person							
NEW YO	ORK I	ΙΥ	10003													Form filed by More than One Reporting								
-					-											Person					orang			
(City)	(	State)	(Zip)																					
			,																					
		Ta	able I - No	n-Deri	vative	Se	ecuri	ies A	cqu	uired,	Dis	posed o	f, o	r Ben	efici	ally (	Owne	ed						
1. Title of S	Security (In	str. 3)		2. Trans	saction	ction 2A. Deemed				3. 4. Securities Acquired (A)								ount of		nership	7. Nature			
				Date (Month)	Day/Yea		Execution Date, if any		,			Disposed Of (D) (Instr. 3, 4		3, 4 a	and Securi				orm: Direct D) or Indirect	of Indirect Beneficial				
				(WOILLIN			(Month/Day/Year)		ar)			"				Owne		d Following		(I) (Instr. 4)	Ownership			
												1.	(A) or			Repor		ted action(s)			(Instr. 4)			
							Code	V	Amount		(D)	Price	•	(Instr. 3 and 4)										
Common Stock 09/28/							10/0	10/03/2007		P		64.46(1	(1) A \$4		\$46	31,129.36		,129.36		D				
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			Table II -									onvertib					viieu							
1. Title of	2.	3. Transaction	Transaction 3A. Deen		4.	4.		5. Number		6. Date Ex	ercis	sable and 7. Title and				8. Price of		9. Number o	of 10.	10.	11. Nature			
Derivative	Conversio	n Date	Executio	n Date,		Transactio		on of		Expiration Date Amoun				ount of			ative	derivative		Ownership	of Indirect			
Security (Instr. 3)	or Exercis Price of	e (Month/Day/Ye	ar)   if any   (Month/D	ay/Year)	Code ( 8)	Instr	str. Derivat Securit		۱"	Month/Da	ayıre	ar)		Securities Underlying		Security (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership			
` ,	Derivative		1`	,	′	-,		Acquired						Derivative		(,		Owned	or	or Indirect	(Instr. 4)			
Security						(A) or Disposed of (D) (Instr. 3, 4 and 5)			Security (Instant 4)				istr. 3	3		Following Reported	[0]	(I) (Instr. 4)						
													,				Transaction	(s)						
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			1											or	ount									
			1						,	Date		Expiration		Nu	mber									
					Code	v	(A	(D)		Dale Exercisab		Date Date	Titl		ares									

## **Explanation of Responses:**

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

## Remarks:

Peter J. Barrett; Attorney-in-

**Fact** 

\*\* Signature of Reporting Person

Date

10/04/2007

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.