## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20070

**OWNERSHIP** 

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPRO	DVAL						
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported

Instruction 1(b)

Form 4	Transactions F	Reported.	File	ed pursuant to or Sectior					ities Excha ompany Ac								
1. Name and RESHE (Last) CONSOL SECRETA	Issuer Name and Ticker or Trading Symbol     CONSOLIDATED EDISON INC [ ED ]      Issuer's Fiscal Year Ended (Month/Day/Year)     12/31/2008					] ("	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Senior VP Public Affairs										
4 IRVING PLACE, ROOM 1618-S				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) NEW YO (City)									X Form filed by One Reporting Person Form filed by More than One Reporting Person								
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date (Month/Day/Year)				Transaction Of (I Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal		6. Ownership Form: Direct (D) or Indirect (I)	ership n: Direct or	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Amou	nt	(A) or (D)	Price		Instr. 3 and			,iiisu. 4)	
Common Stock													8,008.98(1)		D		
Common Stock										6	634.44(2)		I	By THRIFT Plan			
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. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Dispo	f erivative ecurities cquired (Monti ecurities cquired A) or isposed f (D) nstr. 3, 4 nd 5)		Date Exercisable and piration Date ponth/Day/Year)  te		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		8. Price of Derivative Security (Instr. 5)		e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

#### **Explanation of Responses:**

1. Includes 60.10, 61.43, 57.71, and 65.56 Deferred Stock Units acquired on March 15, 2008, June 15, 2008, September 15, 2008 and December 15, 2008, respectively, pursuant to the Consolidated Edison, Inc. ("Company") Long Term Incentive Plan's dividend reinvestment provision. As per General Instruction 4(a) to Form 5, Column 5 sets forth the number of securities beneficially owned by the reporting person as of December 31, 2008. As of the filing date of this report, the number of securities beneficially owned by the reporting person is 9,267.72, reflecting certain transactions previously reported on Form 4 filing(s) during the period between December 31, 2008 and the filing date of this report.

2. As per General Instruction 4(a) to Form 5, Column 5 sets forth the number of securities beneficially owned by the reporting person as of December 31, 2008. As of the most recent THRIFT Plan statement, the number of securities beneficially owned by the reporting person through the THRIFT Plan is 656.22.

## Remarks:

Peter J. Barrett; Attorney-in-

**Fact** 

\*\* Signature of Reporting Person

02/17/2009

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.