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		Washington,	D.C.	20549
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

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

Term 2 Holdings Deported

Instruction 1(b)

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Form 4	Transactions F	Reported.	File	ed pursuant to or Sectior					ities Excha ompany Ad								
Name and Address of Reporting Person* Tai Luther				2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) SVP, Enterprise Shared Service							
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008												Year)	
4 IRVINO	G PLACE, I	ROOM 1618-S		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW YO	ORK NY	<i>(</i> 1	0003	-								X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta		Zip)														
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	Benefici	ally O	wne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)				Transaction Of (D) (Instr. 3, 4 a Code (Instr.			or Disposed	5. Amount of Securities Beneficially Owned at end o		es ally	6. Ownership Form: Dire (D) or	ership I n: Direct I	7. Nature of ndirect Beneficial Ownership				
					Í		nt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		indirect (I) (Instr. 4)		(Instr. 4)		
Common Stock										9,188.12(1)		B.12 ⁽¹⁾		D			
Common Stock													490.71(2)			I 3	By FHRIFT 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	. Onversion Date Date (Month/Day/Year) Securities Acquired Date (Month/Day/Year) Securities Acquired		Expir. (Mont	and 4) And			Amount or Number	Deriva Securi	Price of lerivative derivative security nstr. 5) Securities Benefici Owned Followin Reporter Transaci (Instr. 4)		Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)			
					(A)	(D)	Date Exerc	isable	Expiration Date	Title	of Shares						

Explanation of Responses:

1. Includes 48.08, 49.15, 46.18, and 52.45 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 10,329.22, 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 507.41.

Remarks:

Peter J. Barrett; Attorney-in-

02/17/2009

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.