FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ton, D.C. 20549	OMB APPROVAL

OMB Number: 3235-0287

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hours per response

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* HOGLUND ROBERT N						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]									tionship of Reporting all applicable) Director Officer (give title below)		g Person(s) to Issue 10% Ow Other (s below)		ner
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, ROOM 16-205						3. Date of Earliest Transaction (Month/Day/Year) 02/20/2019									Belowy	SVP	& CF(,	
(Street) NEW YORK NY 10003				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta	ate)	(Zip)																
		Та	able I - Noi	n-Deri	vativ	ve S	ecuriti	es Acq	uired,	Dis	posed of	, or Ber	nefici	ally (Owned				
Date			Date	ansaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securitie Disposed (and 5) Securities Beneficial Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Pri	се	Reported Transaction (Instr. 3 and				(Instr. 4)	
Common Stock 02.				02/20	0/2019			М		24,172	A		(1)	63,187.28			D		
Common Stock 02.				02/20	0/2019				D		24,172	D	\$7	78.87	39,015.28			D	
			Table II -					•	,		osed of, o			•	wned				
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/Yea	ate, Tr	Code (Ins				6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Am of Securities Underlying Der Security (Instr. 4)		vative	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transaci	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				С	ode	v	(A)	(D)	Date Exercis	able	Expiration Date	Title		unt or ber of res		(Instr. 4)			
Performance Units (Phantom	(2)	02/20/2019			A		22,000		(3)		(3)	Common Stock	22,0	000(4)	(1)	22,00	0 ⁽⁴⁾	D	

Explanation of Responses:

(2)

1. Not applicable

Performance Units

(Phantom Stock)

- 2. Each Performance Unit is the economic equivalent of one share of Consolidated Edison, Inc. (the "Company") common stock.
- 3. Performance Units granted under the Company's Long Term Incentive Plan ("LTIP"), will vest in 2022 when they are determined and awarded by the Management Development and Compensation Committee of the Company's Board of Directors.

02/20/2019

24,172

4. The number of shares (or cash equivalents) will be adjusted based on certain performance criteria, including criteria other than the market price, as specified under the LTIP.

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5. The number of shares (or cash equivalents) were adjusted based on certain performance criteria, including criteria other than the market price, as specified under the LTIP.

Remarks:

Vanessa M. Franklin; Attorneyin-Fact

24,172(5)

(1)

02/22/2019

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D

** Signature of Reporting Person

Common

Stock

02/20/2019

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).

02/20/2019

** 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.