FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasinigton, D.C. 200

	OMB APPRO	VAL
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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

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Name and Address of Reporting Person* McAvoy John						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
IVICAVU												ctor		10%	Owner					
,					•									1	X Offic	er (give title	е	Other	(specify	
(Last)	(Fi	rst)	(Middle)	3 D	Date of Earliest Transaction (Month/Day/Year)									helov	N)		below)		
CONSOI	IDATED F	EDISON INC. (7/0			11/17/2014									Chairman, President & CEO					
CONSOLIDATED EDISON, INC. C/O SECRETARY																				
4 IRVING	G PLACE,	4 15	A If Amondment Date of Original Filed (Marsh / Day No.										6. Individual or Joint/Croup Filing (Chook Applicable							
-		. 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)							
(Street)													X Form filed by One Reporting Person							
NEW YO	ORK N	Y	10003									l	, , ,							
														l	Form filed by More than One Reporting Person					
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(City)	(St	tate)	(Zip)											l						
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		IAD	ie i - ivi	on-Denv	alive	Sec	uritie	S AC	quirec	i, Di	sposeu o	i, or E	benen	Ciai	ly Own	eu .				
1. Title of S	Security (Inst	r. 3)		2. Transac	tion						4. Securities Acquired (A) or								7. Nature of	
				Date (Month/Da	v/Year)	Execution Date, ear) if any			Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4 a 5)			and	Securiti Benefici				Indirect Beneficial	
				(Monanbay)				th/Day/Year)			'				Owned I	ollowing	(I) (Instr. 4)	str. 4)	Ownership	
												(A) o	r		Reporte Transac				(Instr. 4)	
									Code	V	Amount	(D)	Pric	е	(Instr. 3					
Common	Stock 11/17/2			2014	014			P ⁽¹⁾		34	A	\$6	1.98	12,1	12.44		D			
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						1													By Tax	
																			Reduction	
Common Stock												1			2.03	2,026.54			Act Stock	
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Common Stock						1									82	4.37		I '	THRIFT	
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		_		<u> </u>				•									I			
		li	abie II -								osed of, convertib				Ownea					
1. Title of	2.	3. Transaction	3A. Dee	med	4.		5. Nu	mber	6. Date	Exerc	isable and	7. Title	and	8	. Price of	9. Numbe	r of	10.	11. Nature	
Derivative	Conversion	Date		on Date,	Transa		of		Expirat	ion Da	ıte	Amount of			Perivative	derivative	Ownership o		of Indirect	
Security or Exercise (Month/Day/Year) if any Cod (Instr. 3) Price of (Month/Day/Year) 8)						ode (Instr. Derivative Securities			(Month	/Day/Y	ear) Securitie Underlyii				Security Instr. 5)	Securities Beneficial		Beneficial Ownership		
(Derivative		(- Luj, 10 Lii,	٠,		Acqu	ired				Deriva	tive	- [`		Owned	´	or Indirect	(Instr. 4)	
Security							(A) or Disposed					Security (Instr. : and 4)		3		Following Reported	' I	(I) (Instr. 4)	1	
							of (D)					anu 4)				Transaction	on(s)		1	
							(Instr. 3, 4 and 5)									(Instr. 4)				
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	Coda	v	₍₀₎	m,	Date		Expiration		of											
	I	I	1	- 1	Code	v	(A)	(D)	Exercis	auie	Date	Title	Shares	, I		I			1	

Explanation of Responses:

1. The purchase reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 23, 2014.

Remarks:

Carole Sobin; Attorney-in-Fact 11/17/2014

** 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.