FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

naton D.C. 20E40	
ngton, D.C. 20549	OMB APPROVAL
	OIVID APPROVAL

	OMB Number:	3235-0287
	Estimated average burden	
ı	hours per response:	0.5

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

Name and Address of Reporting Person* Tai Luther						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]									ationship of all applicat Director Officer (g	,		(s) to Issuer 10% Owr Other (sp	ner
	(First) (Middle) DATED EDISON, INC. PLACE, ROOM 1618-S					Date o	f Earliest 009	Transac	ction (Mo	nth/Da	ay/Year)		X	below)			below)		
(Street) NEW YORK NY 10009				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		(Zip)																
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/L					sactio	n	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		ies Acquire	d (A) o	5. Amount and 5) Securities Beneficial Owned Fo		y (6. Owner Form: D (D) or Ir (I) (Instr	Direct Indirect B	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	Amount (A) or (D)		ce	Reported Transaction (Instr. 3 and			(lı	nstr. 4)
Common Stock 01/29				9/200	9/2009		М		1,082	1,082 A		(1)	10,074.26		D				
Common Stock														507.41		I		HRIFT	
			Table II -								osed of, onvertib				wned	,		,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) if any ce of (Month/Day/Year) (Month/Day/Year)		ate, T	4. Transaction Code (Instr. B)		Derivative		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amo of Securities Underlying Deri Security (Instr. 3 4)		ative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Expiration Date	Title	Amor or Numl Share	ber of		Transaction(s) (Instr. 4)								
Performance Restricted Stock Units (Phantom Stock)	(2)	01/29/2009			A		11,000		(3)		(3)	Common Stock	11,0	00(4)	(1)	11,000(4	4)	D	
Performance Restricted Stoctk Units (Phantom	(2)	01/29/2009			М			1,082	01/29/20	009	01/29/2009	Common Stock	1,08	B2 ⁽⁵⁾	(1)	0		D	

Explanation of Responses:

- 1. Not Applicable
- 2. Each Performance Restricted Stock Unit (PRSU) is the economic equivalent of one share of Consolidated Edison, Inc. ("Company") common stock.
- 3. PRSU's, granted under the Company's Long Term Incentive Plan (the "LTIP"), will vest in 2012 when they are determined and awarded by the Management Development and Compensation Committee of the Company's Board of Directors.
- 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.
- 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:

Peter J. Barrett; Attorney-in-Fact 02/02/2009

** 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.