FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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ashinaton	DC 2	20549		

OMB APPROVAL								
OMB Number:	3235-028							

washington, D.C. 200

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

37 Estimated average burden hours per response: 0.5

Name and Address of Reporting Person* Sanchez Robert			2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]									utionship of Reporting all applicable) Director Officer (give title below)		g Person(s) to Issuer 10% Owne Other (spe 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) 02/19/2020 President & CEO, O&R														
(Street) NEW YOU			10003		4. 1	. If Amendment, Date of Original Filed (Month/Day/Year)						- 1	idividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		(Zip)															
1. Title of Security (Instr. 3) 2. Trans Date			sactio	action 2A. Deemed Execution Day/Year) (Month/Day/Year)			3. 4. Securitie		ies Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported		Form: Direct Ir (D) or Indirect B (I) (Instr. 4)		'. Nature of ndirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(Instr. 4	
Common S	Stock			02/1	9/2020				М		4,501 A		(1)	7,270.745			D	
Common Stock			02/1	9/202	0/2020			D		4,501	501 D \$		2,769.745			D		
Common Stock												271.813			I 7	By THRIFT PLAN		
			Table II -								osed of, onvertib			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 D if any (Month/Day/	ate, T	Transa Code (l		on Derivative Ex		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Deri Security (Instr. : 4)			ies g Derivative	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	re es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	(Instr. 4				
Performance Units (Phantom Stock)	(2)	02/19/2020			A		10,400		(3)		(3)	Common Stock	10,400(4)	(1)	10,40	0(4)	D	
Performance Units (Phantom	(2)	02/19/2020			М			4,501	02/19/20)20	02/19/2020	Common Stock	4,501 ⁽⁵⁾	(1)	0		D	

Explanation of Responses:

- 1. Not applicable.
- 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 2023 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:

Vanessa M. Franklin; Attorneyin-Fact

02/21/2020

** 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.