FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| washington, D.C. 20549 |
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| | OMB Number: | 3235-0287 |
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| l | 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).

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* MCGRATH EUGENE R (Last) (First) (Middle) | | | | | 3. C | Suer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2010 | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specification) | | | | | | |
|---|---|----|----------|--------------------------------|--------------------------------------|--|--|---|------|-----------|-----------------------|---|---|---|--|---|---|---|--|--|--|
| CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE; ROOM 1618-S | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YORK NY 10003 | | | | | - | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | ction | ion 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 5) | | | red (A) o | or | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Prie | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 0 | | | 05/18/ | 2010 | 010 | | | A | | 1,500(1) | A | | (1) | 173,342.72(2) | | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | 9,846.55 | | | I | Tax Reduction Act Stock Ownership (TRASOP) | | |
| Common Stock | | | | | | | | | | | | | | | 7,5 | 530 | | I | By Spouse | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 2. (Month/Day/Year) Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | vative prities sired rosed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Company of the provided Head of the | | | | | . 3 | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

- 1. Deferred Stock Units (DSU) granted pursuant to the Consolidated Edison, Inc. (the "Company") Long Term Incentive Plan (the "Plan"). Each DSU represents one share of the Company's common stock.
- 2. Includes 114.62 and 121.28 DSUs acquired on December 15, 2009 and March 15, 2010 pursuant to the Plan's dividend reinvestment provision.

Remarks:

Peter J. Barrett; Attorney-in-**Fact**

** Signature of Reporting Person

05/19/2010

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.