FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

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* Shukla Saumil P						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY RIVING PLACE, ROOM 16-205					3. Date of Earliest Transaction (Month/Day/Year) 02/20/2019							X	X Officer (give title Other (specify below) SVP, Utility Shared Services					
(Street) NEW YORK NY 10003					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check A Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person										on			
(City)	(Sta	te) (Zip)																	
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					action	2 F) if	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Disposed Of	Acquired	(A) or	5. Amount of Securities Beneficially Owned Following Reported		6. Owner Form: I (D) or II (I) (Inst	Direct ndirect	7. Nature of Indirect Beneficial Ownership	
						(o.nan2ayı roan)		Code	v	Amount	(A) or (D)	Price				(Instr. 4)			
Common Stock 02/					/2019				М		5,268	A	(1)	10,465.46		D			
Common Stock 02/20/					/2019				D		5,268	D	\$78.87	5,197.46		D			
Common Stock													26.48		I		By THRIFT PLAN		
Common Stock														1,289.02		I		By Tax Reduction Act Stock Ownership Plan (TRASOP)	
		-	Table II								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exercise (Month/Day/Year) ice of crivative		3A. Deemed Execution Date, if any (Month/Day/Year)		iction Instr.	5. Number of Derivative		6. Date Exerci Expiration Dat (Month/Day/Ye		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownersh Form: Direct (D or Indirect) (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4				
Performance Units (Phantom Stock)	(2)	02/20/2019			A		4,800		(3))	(3)	Common Stock	4,800(4)	00(4) (1) 4,800(4)		00 ⁽⁴⁾	D		
Performance Units (Phantom Stock)	(2)	02/20/2019			M			5,268	02/20/	2019	02/20/2019	Common Stock	5,268 ⁽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 2022 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; Attorney-

** Signature of Reporting Person

02/22/2019

in-Fact

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.