FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

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| | Check this box if no longer subject to |
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| ١ | 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

| 1. Name and Address of Reporting Person* HERNANDEZ PINERO SALLY | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | | | all app Direc | olicable) ctor | ng Person(s) to Issuer | | wner | |
|---|--|---|---------|-----------------|---|------|---|------|---|---------------------|--------------------|--|---|---|-------------------|--|--|-----------------------|--|
| (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/05/2005 | | | | | | | | | | | Officer (give title below) | | Other (specify below) | |
| 4 IRVING PLACE; ROOM 1618-S | | | | 4. If | 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 | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - N | lon-Deriv | ative | Secu | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | Execution Date, | | , | 3. Transaction Code (Instr. 8) 4. Securities Acquired (/ Disposed Of (D) (Instr. 3 | | | | 5) | Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 01/05/200 | | | | | 005 | 05 | | L | v | 25.1811(1) | A | \$44.1 | 247 | 11,1 | 78.308(2) | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8) | | | of Expiration Date (Month/Day/Year) Se Securities De (A) or Se | | | | 7. Title Amoun Securit Underly Derivat Securit and 4) | t of ies /ing | Deri Sec | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- $1.\ Shares\ aquired\ under\ Con\ Edison\ Stock\ Purchase\ Plan\ based\ on\ a\ plan\ statatement\ as\ of\ 1/5/05$
- 2. Total includes 95.326 Deferred Stock Units acquired pursuant to the dividend reinvestment feature of Con Edison's Long Term Incentive Plan and 7.8515 shares acquired under the Con Edison's dividend reinvestments plan

Remarks:

Peter J. Barrett; Attorney-in-Fact 01/07/2005

** 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.