FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APP | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
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0.5

hours per response:

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

| 1. Name and Address of Reporting Person* BURKE KEVIN | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | 5. Relationship of Report (Check all applicable) X Director | | | rting Person(s) to Issuer 10% Owner | | | | | |
|---|--|--------------|---------------------|---|--|---|--|---|------------------------|---|--|---|---|---|---|--|--|--|------------|
| | | EDISON, INC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/12/2014 | | | | | | | Offic belov | er (give title w) | е | Othe belov | (specify v) | | |
| 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 | | | | | | | |
| (Street) NEW YO | | | 10003 | | - | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (3) | | Zip) | lon-Deriv | /ative | Sac | uritio | | auiro | d Di | ienoeed o | of or B | Renefic | ially | , Own | ad | | | |
| 1. Title of Security (Instr. 3) 2. Transac | | 2. Transact | ion | n 2A. Deemed Execution Date, | | 3. 4. | | sposed of, or Benefic 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | 5. Amount of | | int of es ially Following | Form: Direct | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transac (Instr. 3 | tion(s) | | | (111511.4) |
| Common Stock 11 | | | 11/12/2 | 014 | 14 | | | S | | 40,000 | D | \$62.2 | .5 ⁽¹⁾ | 200,4 | 438.76 | | D | | |
| Common Stock | | | | | | | | | | | | 8,3 | | 3,328.79 | | I | Tax Reduction Act Stock Ownership Plan (TRASOP) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (In | rivative (curity (str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | i lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | Code | Date Exercisable | | | | Expiration Date | Title | Number of Shares | | | | | | | | | | |

Explanation of Responses:

1. Represents the weighted average sale price of the shares of Consolidated Edison, Inc. (the "Company") common stock sold by Mr. Burke. The shares were sold in multiple transactions at prices ranging from \$62.20 to \$62.30, inclusive. The reporting person will provide the Company, any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the numbers of shares purchased at each seperate price within the ranges set forth in this footnote (1) of this Form 4.

Remarks:

Carole Sobin; Attorney-in-Fact 11/13/2014

** 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.