FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vvaoriirigiori,	D.O.	20040	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

U	OMB APPROVAL								
OMB Number: 3235-0									
I	Estimated average burden								
I	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* RESHESKE FRANCES (Last) (First) (Middle)					<u>C</u>	ONS	SOLII		<u>O EDI</u>	SOI	N INC [ationship of Reporting all applicable) Director Officer (give title below)		10% Owner Other (specify below)		ner	
CONSOLIDATED EDISON COMPANY OF NY, INC 4 IRVING PLACE, ROOM 1450-S				Y, INC.		2/15/2		st Transa	ction (Mid	inun/L	oay/ rear)		SVP, Corporate Affairs					
(Street) NEW YORK NY 10003				4. 1	If Ame	endment	, Date of	Original I	Filed	(Month/Day	6. Indi	dividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate)	(Zip)										· · · · · ·					
		Та	ble I - No	n-Deri	vativ	ve S	ecuriti	es Acc	uired,	Dis	posed of	f, or Ben	eficially	Owned				
Dat			Date			2A. Deemed Execution Date, if any (Month/Day/Year)					4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		5. Amount Securities Beneficiall Owned Fo	у	Form:	Direct Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transactio (Instr. 3 an	n(s) d 4)			Instr. 4)
Common Stock			02/1	15/2017				М		10,475	5 A	(1)	56,914.42		D			
Common S	stock			02/1	5/20 1	17			D		10,475	5 D	\$73.69	46,439.42 D			D	
Common S	itock																By THRIFT PLAN	
			Table II -								osed of, convertib		ficially O	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion One Execution Date (Month/Day/Year) Price of Derivative Security 3. Transaction Execution I if any (Month/Day		Date, Transaction Code (Instr.					6. Date Exercisabl Expiration Date (Month/Day/Year)		te	of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transact	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Performance Units (Phantom Stock)	(2)	02/15/2017			A		6,800		(3)		(3)	Common Stock	6,800(4)	(1)	6,800	(4)	D	
Performance Units (Phantom Stock)	(2)	02/15/2017			М			10,475	02/15/20	017	02/15/2017	Common Stock	10,475 ⁽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 2020 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

02/17/2017

** 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.