| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

| OMB APPRO | VAL |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person* BURKE KEVIN | | Person [*] | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|-------------------------|---------------------|---|-------------------|--|-----------------------|--|--|--|
| | | | t] | X | Director Officer (give title below) | 10% Owner | | | |
| 1 | ISOLIDATED EDISON, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 12/26/2013 | | | Other (specify below) | | | |
| 4 IRVING PLACE; ROOM 1618-S | | 1618-5 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | dividual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | X | Form filed by One Re | eporting Person | | | |
| NEW YORK | NY | 10003 | | | Form filed by More th Person | nan One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-----------------------------|---|------------------------------------|---------------|---------------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 12/26/2013 | | Α | | 796 ⁽¹⁾ | Α | \$0 ⁽¹⁾ | 308,813.76 | D | |
| Common Stock | | | | | | | | 8,062.38 | 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)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | Expiration Date (Month/Day/Year) | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|---|---|--|---|-------------------------------------|--------------------|---|---|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Deferred Stock Units (DSU) granted pursuant to the Consolidated Edison, Inc. (the "Company") Long Term Incentive Plan. Each DSU represents one share of the Company's common stock.

Carole Sobin; Attorney-in-Fact 01/06/2014

** 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.