## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

**OWNERSHIP** 

**************************************
ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average burden									
hours per response:	1.0								

Instruction 1(b) Form 3 Holdings Reported.

Form 4 Transactions Reported.  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* <u>CALARCO VINCENT A</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]						Relationship of Reporting Pe (Check all applicable)     X Director					Issuer Owner			
(Last) 27 FOREST G	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004						/Year)	Officer (give title Other (sp below) below)					er (specify w)					
(Street) WOODBRIDG	GE CT		6525 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 05/19/2005							Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date (Month/Day/Year)		Execution Date, if any		Code (Instr.		ırities Acqı (Instr. 3, 4 a	iired (A) ind 5)	or Disposed	Securiti Benefic		ies Ov		ership n: Direct	7. Nature of Indirect Beneficial Ownership				
				(	(wontin Dayr rear)		,   9,		unt (A) or		Price	Issue	Issuer's Fiscal Year (Instr. 3 and		(D) or Indirect (I) (Instr. 4)		(Instr. 4)	
Common Stock									6,0	6,017.237(1)			D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Security or Ex (Instr. 3) Price	vative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	of Derivative (Month/Day/Year) Securities Acquired (A) or S S			Amo Secu Unde Deriv Secu and	Amount or Number of	unt				10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		

## **Explanation of Responses:**

1. This form was inadvertently filed as a Form 5 instead of a Form 4. The information included on this form has been filed on a Form 4 dated earlier today.

## Remarks:

Peter J. Barrett; Attorney-in-

05/19/2005

**Fact** 

\*\* 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.