FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington

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	OMB APPROVAL

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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*  HOGLUND ROBERT N  (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]								ationship of Reporting k all applicable) Director Officer (give title below)			10% Owi Other (sp below)	ner
CONSOLIDATED EDISON, INC. 4 IRVING PLACE, ROOM 1618-S						3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015									SVP 8	& CFO	)	
(Street) NEW YOL	RK NY	7	10003		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(Sta	•	(Zip)															
		Ta	able I - No	n-Dei	rivati	ve S	ecuriti	es Acq	uired,	Dis	posed of	, or Ben	eficially (	Owned				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Date	. Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					es Acquired Of (D) (Instr		5. Amount Securities Beneficiall Following Reported	Form		Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transactio	ansaction(s) str. 3 and 4)			nstr. 4)
Common S	ommon Stock 02/18/				18/20	2015			M		15,221	. <b>A</b>	(1)	51,485.52			D	
Common S	tock			02/	18/20	15			D		15,221	D	\$63.82	36,264.52		.52 D		
			Table II -						,		osed of, convertib		ficially Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date if any (Month/Day/Yea	ate,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)		
Performance Units (Phantom Stock)	(2)	02/18/2015			A		21,700		(3)		(3)	Common Stock	21,700(4)	(1)	21,700	)(4)	D	
Performance Restricted Stock Units (Phantom Stock)	(2)	02/18/2015			M			15,221	02/18/2	2015	02/18/2015	Common Stock	15,221 <sup>(5)</sup>	(1)	0		D	

## **Explanation of Responses:**

- 1. Not applicable.
- 2. Each Performance Unit and Performance Restricted Stock Unit is the economic equivalent of one share of Company common stock.
- 3. Performance Units granted under the Company's Long Term Incentive Plan ("LTIP"), will vest in 2018 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:

Carole Sobin; Attorney-in-Fact 02/20/2015

\*\* 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.