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FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

**OMB APPROVAL** 3235-0287 Estimated average burden 0.5 hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Nachmias Stuart						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]									ıble)	) Perso	10% Ow Other (s	ner		
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, SUITE 16-205							3. Date of Earliest Transaction (Month/Day/Year) 02/19/2020								President & CEO CET					
(Street) NEW YORK NY 10003				_	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)	n Dori	vativ	- S	ouritie	. A oc	uirod	Dic	nosad at	f or Bon	oficially	Owned						
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transa Date (Month/D					saction	1	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		i (A) or	5. Amoun Securities Beneficia Owned Fo	lly	Form:	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 a				Instr. 4)		
Common Stock 02/19						/2020			M		2,122	A	(1)	3,052	3,052.618		D			
Common Stock 02/19					9/202	/2020		D		2,122	D	\$94.35	930.	930.618		D				
		-									osed of, convertib			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		Derivative		6. Date I Expiration (Month/I	on Da			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(A) (D)		able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)					
Performance Units (Phantom Stock)	(2)	02/19/2020			A		4,200		(3)		(3)	Common Stock	4,200(4)	(1)	4,200 <sup>0</sup>	(4)	D			
Performance Units (Phantom	(2)	02/19/2020			М			2,122	02/19/2	020	02/19/2020	Common Stock	2,122 <sup>(5)</sup>	(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 2023 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

02/21/2020

\*\* 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.