FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|---------------------------------------|---------------|---|
| • — | · · · · · · · · · · · · · · · · · · · | | • |

OMB APPROVAL OMB Number: Estimated average burden 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

| Name and Address of Reporting Person* MCMAHON JOHN D | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | | (Chec | k all applic Directo | or | | son(s) to Iss 10% Ov Other (s | /ner |
|--|--|--------------|--------------------|---|--|--|-------|-----------|--|-------|---------------------|-----------------|-----------------------------------|----------------------------------|---|---|---|--|--|
| (Last) (First) (Middle) 4 IRVING PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/26/2003 | | | | | | | | X | below) | Officer (give title below) President, Orange 8 | | | ` |
| C/O OFF | ICE OF TH | HE SECRETARY | Y; RM 10 | 518 S | | | | | | . = 1 | 1/14 11/15 | | | 0 1 1 | | | | (0) 1.4 | |
| (Street) NEW YORK NY 10003 | | | | _ 4. II _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | ′ | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deri | vative | Sec | uriti | ies Ac | quired | , Dis | sposed o | of, or Bo | enefic | ially | Owned | l | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | | Code (In: | | | | ed (A) o | r ınd 5) | Securitie Benefici Owned F | ecurities I eneficially (wned Following (| | n: Direct r Indirect I nstr. 4) (| 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Price | e | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 08/26/ | | | | | 5/2003 | 2003 | | | М | | 2,000 | A | \$27 | .875 | 72,01 | 7.1717 | | D | |
| Common Stock 08/26 | | | | | 5/2003 | 2003 | | | S | | 2,000 | D | \$3 | 9.81 | 70,01 | 7.1717 | | D | |
| | | T | able II · | | | | | | | | osed of converti | | | | wned | | | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) | | Executio if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | ection Instr. | on of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of | | of s ng e Securi | S (I | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Employees Stock Option (Right to Buy) (1996 Grant) | \$27.875 | 08/26/2003 | | | S | | | 2,000 | 05/24/19 | 996 | 05/23/2006 | Common Stock | 2,00 | 00 | \$0 ⁽¹⁾ | 0 | | D | |

Explanation of Responses:

1. This transaction is the excercise of a derivative security. Table II, Column 8 should be left blank; however, "0" has been entered as a placeholder to satisfy the requirement of an entry in the field of this form.

Saddie L. Smith; Attorney-in-08/26/2003 **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.