FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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

| 1. Name and Address of Reporting Person* OATES JOSEPH P (Last) (First) (Middle) | | | | | | Susuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all app Direct Office below | olicable) etor er (give title v) | g Person(s) to I 10% C Other below Shared Service | | Owner (specify) |
|---|---|--|--|-------|------------------|---|---|----------|-----------------------------------|---------------|---------------------|--|------------------------------------|----------------------|--------------------------|--|---|---|----------------------------------|--|
| CONSOLIDATED EDISON COMPANY OF NY, INC. 4 IRVING PLACE, ROOM 1618-S | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | l di- | | | | | |
| (Street) NEW YORK NY 10003 (City) (State) (Zip) | | | | | 4. 11 | Ame | enament, | , Date o | i Origin | ai Filed | I (Montn/Da | ау/ үе | ear) | | ne) | Form | r Joint/Group n filed by One n filed by Mor on | e Reporti | ng Pers | on |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Di Code (Instr. 5) | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and S B O | | Securities Beneficially | | rship irect direct . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (11311. 4) | | | |
| Common Stock 03/31/2 | | | | | | 2013 04/03/2013 | | P | | 21.14(1) | | A | A \$58.9 | | 19,786.67 ⁽²⁾ | | D |) | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | ate, Transaction | | | | 6. Date Expirati (Month/ | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Ins and 4) | | str. 3 | Deriv Secu | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | n: ct (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | | Expiration Date | Title | or Nui of | ount nber ires | | | | | | |

Explanation of Responses:

- 1. Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.
- 2. Total includes 144.44 Deferred Stock Units ("DSUs") acquired on March 15, 2013 pursuant to the Company's Long Term Incentive Plan's dividend reinvestment provision. Each DSU represents one share of the Company's common stock.

Remarks:

Carole Sobin; Attorney-in-Fact 04/04/2013

** 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.