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*     Muccilo Robert						2. Issuer Name and Ticker or Trading Symbol  CONSOLIDATED EDISON INC [ ED ]								ck all applica Director	,		n(s) to Issu 10% Ow Other (s	ner
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, SUITE 1618-S						3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015								X Officer (give title Officer Specify below)  VP & Chief Accounting Officer				
(Street) NEW YORK NY 10003  (City) (State) (Zip)				_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transa Date (Month/E					saction	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securiti	es Acquired		5. Amoun Securities Beneficia Owned Fo	s lly ollowing	Form:	Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		1	(Instr. 4)
Common Stock 02/18					8/201	5			M		1,838	A	(1)	6,37	6,375.53		D	
Common Stock 02/18					8/201	5			D		1,838	D	\$63.82	4,537.53		D		
		-									osed of, onvertib			wned				
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 Exercis Expiration Date (Month/Day/Ye		e of Secui ar) Underly		g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e s lly	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	Amount or Number of Shares		Transaction (Instr. 4)	on(s)		
Performance Units (Phantom Stock)	(2)	02/18/2015			A		2,700		(3)		(3)	Common Stock	2,700(4)	(1)	2,700 <sup>(-</sup>	4)	D	
Performance Restricted Stock Units (Phantom Stock)	(2)	02/18/2015			M			1,838	02/18/20	015	02/18/2015	Common Stock	1,838 <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.