Ryan JoAnn F Form 4 September 03, 2009

September 03	5, 2009											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL					
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer  CTEATERMENTE OF CHANGES IN 1						,				January 31, 2005		
subject to Section 16 Form 4 or		SECUR	ITIES			NERSHIP OF	Estimated average burden hours per response 0					
Form 5 obligation may conti <i>See</i> Instru 1(b).	s Section 17(a	) of the		ility Hold	ling Com	npany	Act of	e Act of 1934, 1935 or Section 0	n			
(Print or Type R	desponses)											
1. Name and Address of Reporting Person ** Ryan JoAnn F			2. Issuer Name <b>and</b> Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]					5. Relationship of Reporting Person(s) to Issuer				
	(Check all applicable)											
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)					Director 10% OwnerX_ Officer (give title Other (specify			
CONSOLIDATED EDISON, INC. C/O SECRETARY, 4 IRVING PLACE, ROOM 1618-S			08/31/2009					below) below) SVP, Business Shared Services				
		ndment, Da	_			6. Individual or Joint/Group Filing(Check						
NEW YORK	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	Zip)	Table	e I - Non-D	erivative S	Securi	ities Acq	uired, Disposed of	f, or Benefici	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	emed on Date, if /Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	08/31/2009	09/03/	2009	P	66.32 (1)	A	\$ 39.79	5,749.18	D			
Common Stock								1,539.38	I	Tax Reduction Act Stock Ownership Plan (TRASOP)		
Commmon Stock								497.8	I	By THRIFT Plan		

## Edgar Filing: Ryan JoAnn F - Form 4

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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(9-02)

9. Nu Deriv Secur Bene

Follo Repo Trans (Insti

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	nt of	Derivative	]
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	5
(Instr. 3) Price of			(Month/Day/Year)	(Instr. 8)	Derivative	;		Securities (Instr. 3 and 4)		(Instr. 5)	]
	Derivative				Securities					(	
Security					Acquired						J
					(A) or						J
					Disposed						-
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
							Expiration		or		
							Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Ryan JoAnn F CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, ROOM 1618-S NEW YORK, NY 10009

SVP, Business Shared Services

## **Signatures**

Peter J. Barrett; Attorney-in-Fact 09/03/2009

\*\*Signature of Reporting Person Date

## **Explanation of Responses:**

- \* 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).
- (1) Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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