Ryan JoAnn F Form 4 April 07, 2011

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

January 31,

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

Expires:

2005 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Ryan JoAnn F			2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
C/O SECRETA	(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY, 4 IRVING PLACE, ROOM 1618-S		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2011	Director 10% Owner X Officer (give title Other (specify below) SVP, Business Shared Services			
(Street) NEW YORK, NY 10009			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

NEW YORK, NY 10009	Person

(City)	(State) (Z	Zip) Table	I - Non-D	erivative S	Securi	ities Acqu	iired, Disposed o	f, or Benefici	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	spose	d of (D) 5)	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	03/31/2011	04/05/2011	P	32.36 (1)	A	\$ 49.83	15,817.44 (2)	D	
Common Stock							1,680.82	I	Tax Reduction Act Stock Ownership Plan (TRASOP)
Commmon Stock							709.66	I	By THRIFT Plan

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(e.g., puts, calls, warrants, options, convertible securities)

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.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	.	ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

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

SVP, Business Shared Services

Signatures

Carole Sobin; 04/07/2011 Attorney-in-Fact

**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).
- Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.
- Includes 70.30 Deferred Stock Units ("DSU") acquired March 2011 pursuant to the Company Long Term Incentive Plan's dividend reinvestment provision. Each DSU represents one share of the Company's common stock.

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.

Reporting Owners 2

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9. Nu Deriv Secu

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