CONSOLIDATED EDISON INC

Form 4 May 19, 2015

FORM 4

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

Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

if no longer subject to Section 16.

Form 5 obligations See Instruction

Form 4 or may continue.

30(h) of the Investment Company Act of 1940

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

SECURITIES

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * OLIVERA ARMANDO J

2. Issuer Name and Ticker or Trading Symbol

CONSOLIDATED EDISON INC

[ED]

(Last) (First) (Middle)

CONSOLIDATED EDISON, INC. C/O SECRETARY, 4 IRVING

PLACE, ROOM 1618-S

(Street)

4. If Amendment, Date Original

3. Date of Earliest Transaction

(Month/Day/Year)

05/19/2015

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

X_ Director

Officer (give title

X Form filed by One Reporting Person Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner

Other (specify

NEW YORK, NY 10003

Security

(Instr. 3)

Common

Stock

(City) (State) 1.Title of 2. Transaction Date 2A. Deemed

(Month/Day/Year)

Execution Date, if

(Zip)

Code (Month/Day/Year) (Instr. 8)

3.

4. Securities Acquired Transaction(A) or Disposed of (D) (Instr. 3, 4 and 5)

(A)

Securities Beneficially Owned Following Reported Transaction(s)

5. Amount of

(D) or Indirect (I) (Instr. 4)

D

I

Form: Direct Indirect Beneficial Ownership (Instr. 4)

6. Ownership 7. Nature of

OMB APPROVAL

Expires:

response...

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

Common 05/19/2015 Stock

Α

Code V Amount (D)

(1)

1,966

\$ Α 61.05 (1)

Price

 $4,768.56 \frac{(2)}{2}$

(Instr. 3 and 4)

By Trust

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

500

SEC 1474 (9-02)

Edgar Filing: CONSOLIDATED EDISON INC - Form 4

number.

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	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		;		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities		(Ins				Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
									Amount		
						Exercisable Date	Expiration	on Title	or		
							•		Number		
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

OLIVERA ARMANDO J CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, ROOM 1618-S NEW YORK, NY 10003



Signatures

Carole Sobin; Attorney-in-Fact 05/19/2015

**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) Deferred Stock Units ("DSU") granted pursuant to the Consolidated Edison, Inc. (the "Company") Long Term Incentive Plan. Each DSU represents one share of the Company's common stock.
- (2) Includes 30.63, 30.32, 26.98, and 29.63 DSUs acquired on June 15, 2014, September 15, 2014, December 15, 2014 and March 15, 2015 pursuant to the dividend reinvestment provision of the Company long term incentive 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.

Reporting Owners 2