Edgar Filing: HOGLUND ROBERT N - Form 4

HOGLUND	ROBERT N											
Form 4												
March 06, 20)07											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										3235-0287		
Check the	is box		vv as	sinngton,	D.C. 20	549			Number:	January 31,		
if no longer whiat to a statement of changes in BENEFICIAL OWNERSHIP OF									Expires:	2005		
								Estimated average				
Section 16. SECURITIES Form 4 or									burden hours per response 0.5			
Form 5	Filed pur	suant to S	ection 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,		0.0		
obligation may cont		a) of the F	Public Ut	ility Hold	ling Con	ipany	y Act of	1935 or Section	n			
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Drint an Tama I	2											
(Print or Type F	(esponses)											
1. Name and A	ddress of Reporting	Person *	2 Issuer	Name and	Ticker or	Tradii	nα	5. Relationship of	Reporting Pers	on(s) to		
HOGLUND		2. Issuer Name and Ticker or Trading Symbol					Issuer					
CONSOLIDATED EDISON INC												
	[ED]					(Check all applicable)						
(Last)	(First) (M	/iddle)	3. Date of	Earliest Tr	ansaction			Director	10%	Owner		
			(Month/Day/Year)					XOfficer (give titleOther (specify below)				
	DATED EDISON		03/05/2007					Senior Vice Pres. & CFO				
	ING PLACE, RO	DOM										
1618-S												
		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check					
		Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person					
NEW YORI	K, NY 10003							Form filed by M				
		()						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.	4. Securi		-	5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Transactic Code				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(instr. 5)		(Month/Day/Year)		· · · · · · · · · · · · · · · · · · ·				Owned	· /	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Cod V	A	or	D. '	(Instr. 3 and 4)				
Common				Code V	Amount 47.3	(D)	Price \$					
Stock	02/28/2007	03/05/20	007	Р	(1)	А	φ 48.94	30,755.62	D			
Stoon							10171					

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

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

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: HOGLUND ROBERT N - Form 4

Reporting Owners

Reporting Owner Name / Address			Relationships			
	Director	10% Owner	Officer	Other		
HOGLUND ROBERT N CONSOLIDATED EDISON, INC. 4 IRVING PLACE, ROOM 1618-S NEW YORK, NY 10003			Senior Vice Pres. & CFO			
Signatures						
Peter J. Barrett; Attorney-in-Fact	03/06/20	007				
**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.