#### CONSOLIDATED EDISON INC

Form 4

December 13, 2007

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL** 

**OMB** 3235-0287 Number: January 31,

Expires: 2005 Estimated average

burden hours per response... 0.5

Check this box if no longer

subject to Section 16. Form 4 or Form 5

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

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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 \* **BURKE KEVIN** 

5. Relationship of Reporting Person(s) to Issuer

Symbol

CONSOLIDATED EDISON INC

2. Issuer Name and Ticker or Trading

(Check all applicable)

[ED]

12/12/2007

(Last)

(City)

(First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

\_X\_\_ Director X\_ Officer (give title below)

10% Owner Other (specify

CONSOLIDATED EDISON INC., 4

(Street)

(State)

**IRVING PLACE; ROOM 1618-S** 

NEW YORK, NY 10003

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Chairman, President & CEO

Applicable Line)

Filed(Month/Day/Year) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

(Zip)

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	Secur	rities Acq	uired, Disposed	of, 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)	Code (Instr. 8)	4. Securition(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	of (D)	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	12/11/2007		Code V M	Amount 18,000	(D)	Price \$ 42.56	62,518.26	D	
Common Stock	12/11/2007		S	16,581	D	\$ 50.32	45,937.26	D	
Common Stock							5,982.05	I	Tax Reduction Act Stock Ownership Plan (TRASOP)

#### Edgar Filing: CONSOLIDATED EDISON INC - 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.

SEC 1474

(9-02)

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of tiorDerivative Securities ) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
Employee				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to	\$ 42.56	12/11/2007		M		18,000	02/24/2001	02/24/2008	Common Stock	18,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BURKE KEVIN								
CONSOLIDATED EDISON INC.	X		Chairman, President & CEO					

4 IRVING PLACE; ROOM 1618-S

NEW YORK, NY 10003

### **Signatures**

Buy)

Peter J. Barrett; 12/13/2007 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).
- (1) Not Applicable.

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