Edgar Filing: CONSOLIDATED EDISON INC - Form 4

CONSOLID Form 4 January 29, 2	ATED EDISON	N INC									
									OMB A	PPROVAL	
FORM	4 UNITEI) STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th if no long							Expires:	January 31,			
subject to Section 1 Form 4 o	51AIE	STATEMENT OF CHANGES IN BENEFICIAL OWNE							Estimated average burden hours per response 0		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	tinue. Section 17	7(a) of the	Public U		ling Con	npan	y Act of	e Act of 1934, E 1935 or Section 40	1		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> OATES JOSEPH P			2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC					5. Relationship of Reporting Person(s) to Issuer			
			[ED]					(Check all applicable)			
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below)			
	DATED EDISO /ING PLACE, F		01/25/20	007				· · · · · · · · · · · · · · · · · · ·	sident & Treas	urer	
	(Street)		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			
NEW YOR	K, NY 10009							_X_Form filed by C 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 Security (Instr. 3)	2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/D		n Date, if Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	01/25/2007			М	8,000	A	\$ 42.51	10,291.8	D		
Common Stock	01/25/2007			S	8,000	D	\$ 48.27	2,291.8	D		
Common Stock	01/25/2007			М	8,000	А	\$ 40.81	10,291.8	D		
Common Stock	01/25/2007			S	8,000	D	\$ 48.27	2,291.8	D		

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.

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. Transactio Code (Instr. 8)	5. Number 6. Date Exercises for Derivative Expiration Date Securities (Month/Day/Y Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 42.51	01/25/2007		М	8,000	04/18/2005	04/18/2012	Common Stock	8,000
Employee Stock Option (Right to Buy)	\$ 40.81	01/25/2007		М	8,000	01/23/2006	01/23/2013	Common Stock	8,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
OATES JOSEPH P CONSOLIDATED EDISON, INC. 4 IRVING PLACE, ROOM 1618-S NEW YORK, NY 10009			Vice President & Treasurer			
Signatures						
Peter J. Barrett; Attorney-in-Fact	01/29/20	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).

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.