### Edgar Filing: Rana Louis L - Form 4

Form 4 December 07											
									OMB	APPROVAL	
FORM	<b>4</b> UNITED S	STATES					NGE	COMMISSIO	02	3235-0287	
Check this	s box		Was	shington,	D.C. 20	549			Number:	January 31	
if no longe subject to Section 16 Form 4 or Form 5		ENT OF CHANGES IN BENEFICIAL OW SECURITIES						Estimated burden he response	Expires: 200 Estimated average burden hours per response 0.		
obligation may conti <i>See</i> Instruct 1(b).	$\frac{1}{1}$ Section 17(a)	a) of the l	Public U		ling Con	npan	y Act o	ge Act of 1934, of 1935 or Secti 940			
(Print or Type R	esponses)										
Rana Louis L Symbol			Symbol					5. Relationship of Reporting Person(s) to Issuer			
			CONSOLIDATED EDISON INC [ED]					(Check all applicable)			
(Month/				Date of Earliest Transaction onth/Day/Year) /03/2009				Director 10% Owner Officer (give title Other (specify below) President & COO (CECONY)			
COMPANY	OF NY, INC., 4 ACE; ROOM 16	18-S	12,00,2					Presider	ιι & COO (CΕ'	CONY)	
				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
NEW YORK	K, NY 10003							Form filed by Person	More than One	Reporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Ac	equired, Disposed	of, or Benefic	ially Owned	
	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	on(A) or Di (D) (Instr. 3,	spose	d of	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	12/03/2009			S	2,850	D	\$ 44.5	10,192	D		
Common Stock								1,267.05	I	Tax Reduction Act Stock Ownership Plan (TRASOP)	
Common Stock								727.1	I	By THRIFT Plan	

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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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title Amoun Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address Director 10% Ow	Relationships					
	wner Officer	Other				
Rana Louis L CONSOLIDATED EDISON COMPANY OF NY, INC. 4 IRVING PLACE; ROOM 1618-S NEW YORK, NY 10003	Preside COO (CECON					

# **Signatures**

Peter J. Barrett; Attorney-in-Fact 12/07/2009

\*\*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.