Edgar Filing: Muccilo Robert - Form 4

| Form 4 August 03, 24 | | | | | | | | | | | |
|--|---|---|---|--|--------------|------------------------------|---|--|--|----------|--|
| | | | | | | | | | OMB APPROVAL | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 | | SECUR | ITIES | | | NERSHIP OF e Act of 1934, | Expires:January 31 200Estimated average burden hours per response0. | | | | |
| obligatior may conti <i>See</i> Instru 1(b). (Print or Type R | ns Section 17(a inue. action | a) of the l | Public Ut | | ling Con | ipany | y Act of | 1935 or Section | n | | |
| | | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Muccilo Robert | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) CONSOLID C/O SECRE PLACE, RO | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2017 | | | | | Director 10% Owner Officer (give title Other (specify below) below) below) VP & Chief Accounting Officer | | | | |
| | | 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 Form filed by More than One Reporting | | | | |
| NEW YORK | K, NY 10003 | | | | | | | Person | lore than One Re | porting | |
| (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 (Month/Day/Year) | Execution any | | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | spose | d 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) | | |
| Common Stock | 07/31/2017 | 08/03/2 | 017 | P | 24.61 (1) | A | \$ 81.27 | 5,941.87 | D | | |

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)

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| 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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D (Month/Day/ e | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | le and int of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|----------------------------------|--|-------|---|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|----------|-----------|----------------------------------|-------|--|--|
| | | Director | 10% Owner | Officer | Other | | |
| Muccilo Robert CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, ROOM 16-205 NEW YORK, NY 10003 | | | | VP & Chief Accounting Officer | | | |
| Signatures | | | | | | | |
| Jeanmarie Schieler; Attorney-in-Fact | 08/03/2017 | | | | | | |

Signature of Reporting Person **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.

Date

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.