| SEC For | | | | | 050 | | | | | | | | | | | | | | |
|--|---|---|---|-------------|--|---|--------------------------|---------------------|---------|--|---------------------------------------|--|--|--|--|--|---|--|--|
| | FORM | IE2 | ES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | OMB APPROVAL | | | | | |
| bligat | this box if no lo tion 16. Form 4 ions may contin tion 1(b). | JT OF CHANGES IN BENEFICIAL OWNERSHIP pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | |
| 1. Name and Address of Reporting Person [*] <u>Miller Joseph</u> | | | | | | | | | | | | | | 5. Relationship of Repor (Check all applicable) Director X Officer (give title | | | to Iss % Own | ner | |
| (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2021 | | | | | | | | | A below) below) VP & Controller | | | | | |
| 4 IRVING PLACE, ROOM 16-205 (Street) NEW YORK NY 10003 | | | | | | | | | | | | | B. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | n | |
| (City) | (St | | ^{Zip)} I - Non-Deriva | | Social | ritios | | | ed Di | sposed o | of or | Bonofic | ially Own | od | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea) | | | | ear) if | A. Deen xecution any Month/D | ned n Date, | ed 3. Date, Tra Co | | ction D | 4. Securities Acquire Disposed Of (D) (Inst 5) | | d (A) or | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | c | ode | V A | | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | (Instr. 4) | | Instr. 4 | 4) | |
| Common Stock 01/ | | | | 1 | L 02/03/2 | | 21 Р | | | 3.14 ⁽¹⁾ | Α | \$70.78 | 908.979 | | D | | | | |
| Common Stock | | | | | | | | | | | | | 101.207 ⁽²⁾ | | I | | By Tax Reduction Act Stock Ownership Plan ("TRASOP") | | |
| | | Tal | ole II - Derivat (e.g., pu | | | | | | | oosed of, convertil | | | | d | | | | | |
| 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, | 4. Trans | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. D Exp | | cisable and Date | 7. Ti Amo Secu Unde Deriv | tle and unt of urities erlying vative urity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | Code | | Code | v | (A) | (D) | Date) Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.

2. Between 12/31/20 and 01/31/21 the reporting person acquired 0.012 shares of Company common stock under the TRASOP. The information in this report is based on a TRASOP plan statement dated as of 01/31/21.

Remarks:

<u>Vanessa M. Franklin;</u> <u>Attorney-in-Fact</u>

02/05/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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.

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 Number.