Che

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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| Check this box if no longer subject | | | | | | |
|-------------------------------------|--|--|--|--|--|--|
| to Section 16. Form 4 or Form 5 | | | | | | |
| obligations may continue. See | | | | | | |
| Instruction 1(b). | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Sanchez Robert (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY | | | | | | Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2022 | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) President & CEO, O&R | | | | | | |
|--|--|--|--|---------------------------|----------------|--|---------|---|---------------------|--|------------|----------------------|-------------------------------|--|---|--|------------|--|--|--|--|--|
| 4 IRVING PLACE, ROOM 16-205 (Street) NEW YORK NY 10003 (City) (State) (Zip) | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Appli Line) X Form filed by One Reporting Person Form filed by More than One Reportin Person | | | | | | | | | | | n | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transpate | | | 2. Transaction Date (Month/Day/Yea | Execution | | n Date, | Ti C | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5) | | | | Beneficially Owned Follow | | Form: Dire (D) or wing Indirect (I) | | ect Indirect Beneficial Ownership | | | | |
| | | | | | | | | С | ode | v | Am | nount | (A) or (D) | Price | Transportion(s) | | (Instr. 4) |) (Instr. 4) | | | | |
| Common | Stock | | \dashv | 01/31/2022 | 2 | 02/03/ | /2022 | \top | P | П | 26 | 6.733 ⁽¹⁾ | A | \$86.45 | 7,264.1 | 7,264.119 | | | | | | |
| Common Stock | | | | | | | | | | | | | | | 505.889 ⁽²⁾ | | I | | By Consolidated Edison Thrift Savings Plan (Thrift) | | | |
| | | Tal | ble I | I - Derivati (e.g., pu | | | | | | | | | | | | d | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if an | Deemed cution Date, | 4. Transa | 4. 5. Numb of Code (Instr. Derivativ | | | | . Date Ex xpiration | expiration | | 7. Tit Amo Secu Unde | le and unt of urities erlying vative rity (Instr. 1 4) | 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 D) Exercisa | | | | Title | 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 12/31/21 and 1/31/22 the reporting person shares of Company common stock under the Thrift decreased by 0.126. The information in this report is based on a Thrift plan statement dated as of 1/31/22.

Remarks:

Vanessa M. Frnklin; Attorney-02/04/2022 in-Fact

** Signature of Reporting Person

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.