FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549	
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l	OMB APPROVAL										
l	OMB Number:	3235-0287									
Estimated average burden											
l	hours per response:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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Name and Address of Reporting Person* Sanchez Robert				2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
		ost) DISON, INC. C/ OOM 16-205	(Middle) O SECRE	ΓARY		3. Date of Earliest Transaction (Month/Day/Year) 02/17/2021							below) Pre	sident &	below)			
(Street) NEW YORK NY 10003				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							l	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate)	(Zip)															
		Та	ble I - No	n-Deri	ivativ	ve S	ecuritie	s Acc	quired,	Dis	posed of	f, or Ber	eficially	Owned				
D D		Date	ansaction nth/Day/Year)		Execution Date, /Year) if any		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			and 5) Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)		
Common Stock		02/1	17/2021				М		5,346	5,346 A		9,303.092			D			
Common S	Stock			02/1	7/202	21			D		2,673	D	\$70.05	6,630.092 D		D		
Common Stock												399.112			I 7	By CHRIFT PLAN		
			Table II -								osed of, onvertib			wned			·	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) if any (Month rivative		Date, Tran		iction Instr.	Derivative		6. Date Exercisa Expiration Date (Month/Day/Year		e of Securities		ies g Derivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				,	Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Performance Units (Phantom Stock)	(2)	02/17/2021			A		14,800		(3)		(3)	Common Stock	14,800(4)	(1)	14,80	0 ⁽⁴⁾	D	
Performance Units (Phantom Stock)	(2)	02/17/2021			M			5,346	02/17/20)21	02/17/2021	Common Stock	5,346 ⁽⁵⁾	(1)	0		D	

Explanation of Responses:

- 1. Not applicable
- 2. Each Performance Unit is the economic equivalent of one share of Consolidated Edison, Inc. (the "Company") common stock.
- 3. Performance Units granted under the Company's Long Term Incentive Plan ("LTIP") will vest in 2024 when they are determined and awarded by the Management Development and Compensation Committee of the Company's Board of Directors.
- 4. The number of shares (or cash equivalents) will be adjusted based on certain performance criteria, including criteria other than the market price, as specified under the LTIP.
- 5. The number of shares (or cash equivalents) were adjusted based on certain performance criteria, including criteria other than the market price, as specified under the LTIP.

Remarks:

Vanessa M. Franklin; Attorney-

02/19/2021

in-Fact

** 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.