Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | | | | | 01 30 | ouon c | 00(11) 0 | i tiic ii | ivestine | 001 | npany Act o | 1 1040 | | | | | | | |
|---|---|---------|---------|--|--|---------------|---|---|--------------------|---------|-----------------------------------|---|-----------------------|--|--|--|---|-----------|---|
| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | | | | | | | | | X | Direc | tor | or 10% | | vner | | |
| (Last) | (Fi | rst) (N | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | Office belov | er (give title v) | | Other (s | specify | | | | |
| CONSOLIDATED EDISON INC. C/O SECRETARY | | | | | 05/18/2021 | | | | | | | | | | | | | | |
| 4 IRVING PLACE, ROOM 16-205 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | |
| NEW YO | ORK N | Y 1 | 0003 | | | Form Perso | | | | | | | | filed by More than One Reporting | | | orting | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secui | rities | Acq | uired, | , Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Executi y/Year) if any | | ution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Secur Benef Owne | | cially I Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | nount (A) or (D) | | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 05/18/2 | | | | | 2021 | | A | | 1,905(1) |) A \$7 | | 78.73 | 2,597 | | | D | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | on Date, | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | rities ired r osed) : 3, 4 | Expiration Da | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price o Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | Beneficial Ownershi ct (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | | | |

Explanation of Responses:

1. Deferred Stock Units ("DSU") granted pursuant to the Consolidated Edison, Inc. (the "Company") Long Term Incentive Plan. Each DSU represents one share of the Company's common stock.

Remarks:

Vanessa M. Franklin; Attorney-in-Fact

05/19/2021

** 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.