FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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 4 IRVING PLACE, ROOM 16-205 (Street) NEW YORK NY 10003 | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2021 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 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 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | wner specify pplicable on |
|--|--|--|--|---|------|---|----------------------|------------------------------|---|------|--|-------------------------------------|--|---|--|---|--|--|---|
| (Oity) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day. | | | | | tion | 2A. D Execu | eemed ition Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed O 5) | Acquired (A) or (D) (Instr. 3, 4 an | | 5. Amount o | | unt of ties cially Following ed | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock 01/31/20 | | | | | | 021 02/0 | | 021 | Code | V | 32.652 ⁽¹⁾ | (A) or (D) | Price | (| (Instr. 3 and 4) 3,957.092 | | | D | |
| Common Stock Common Stock | | | | | .021 | 721 02/03/. | | .021 | | | 32.032 | Α Φ/0./ | | .70 | 399.112 ⁽²⁾ | | | I | By THRIFT PLAN |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | 8. Pri Deriv Secu (Instr | ative rity | 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 | v | (A) | (D) | Date Exercis | able | Expiration Date | | 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 27.251 shares of Company common stock under the Thrift. The information in this report is based on a Thrift plan statement dated as of 01/31/21.

Remarks:

Vanessa M. Franklin; 02/05/2021 Attorney-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.