FORM 4

Check this box if no longer subject

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response	. 05									

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  RANGER MICHAEL W					2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]								k all app Direc	tor	ng Pers	son(s) to Is			
(Last)	(F	irst) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/29/2023									Office below	er (give title		Other (s below)	specify
CONSOLIDATED EDISON, INC. C/O SECRETARY				4. If /	Amend	ment, I	Date o	of Origin	nal File	d (Month/Da	y/Year)	)	6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
4 IRVING PLACE; ROOM 16-205														X	<ul> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting</li> </ul>				
(Street)															Perso				
NEW YO	ORK N	Y 1	0003		Ru	le 10	)b5-	1(c)	Trar	nsac	tion Indi	icatio	on						
(City)	(5	tate) (2	Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	on-Deriva	tive \$	Secui	rities	Acc	quirec	d, Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/			Execution Date,		·	3. Transaction Code (Instr. 8)  4. Securities Disposed Of 5)						5. Amo Securit Benefic Owned Reporte	ies ially Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) (D)	Pri	ce	Transa		ction(s) 3 and 4)		
Common	Stock			12/29/20	023				A		494.669 <sup>(1)</sup> A \$		\$9	0.97	).97 84,173.843 <sup>(2)</sup>		843 <sup>(2)</sup> D		
	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)	titive Conversion Date Execution Date, if any			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V		(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er					

## Explanation of Responses:

- 1. Represents Deferred Stock Units ("DSUs") acquired in lieu of cash for the quarterly board retainer fee at the election of the filer, pursuant to the terms of the Consolidated Edison, Inc. (the "Company") Long Term Incentive Plan (the "Plan"). Each DSU represents one share of the Company's Common Stock.
- 2. Includes 740.659 DSUs acquired on December 15, 2023 pursuant to the Plan's dividend reinvestment provision.

William J. Kelleher; Attorney- 01/02/2024 in-Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.