FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response	. 0.5									

	tion 1(b).	nue. See		Filed							ities Exchang		f 1934		ho	urs per r	esponse:		0.5	
Name and Address of Reporting Person* Miller Joseph						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]								Check all app Direct	porting Person(s) to Is 10% Over title Other (s		Owner			
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY						3. Date of Earliest Transaction (Month/Day/Year) 12/15/2022									X Officer (give title Officer (specify below) VP & Controller					
4 IRVING PLACE, ROOM 16-205 (Street) NEW YORK NY 10003 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	I - N	on-Deriva	ative \$	Secur	ities	Ac	quire	d, Di	sposed of	, or B	enefici	ally Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				5. Amour Securitie Beneficia Owned F Reported	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(1115411 4	,	
Common Stock 12/15/20)22				P		0.888	A	\$97.9	5 1,077	7.488		D					
Common Stock														107.8	364 ⁽¹⁾		I	By Ta: Reduc Act St Owner Plan (TRAS	ction tock rship	
		Tal	ble II	- Derivati (e.g., pu	ive Se	ecurit alls, v	ies <i>F</i> varra	Acqı ınts	uired, , opti	, Dis _l ons,	oosed of, convertib	or Be	neficia curities	lly Owne	d					
1. Title of Derivative Conversion Date Security or Exercise (Month/Day/Year) if any		4. Transa	5. Number of of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title Amou Securi Under Deriva	e and nt of ities lying itive ity (Instr.	8. Price of Derivative Security (Instr. 5) Ber Ook Foll Rep Trai (Ins		es ially ng ed etion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	ip of I Bei Ow ct (In:	. Nature Indirect eneficial vnership str. 4)					
													or							

Explanation of Responses:

1. The information in this report is based on a TRASOP plan statement dated as of 11/30/22.

Remarks:

William J. Kelleher; Attorneyin-Fact ** Signature of Reporting Person

of Shares

12/16/2022

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).

Code

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.

Date Exercisable

Expiration Date