FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL											
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1	OMB Number:	3235-0287										
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	Check this box if no longer subjec
$\overline{}$	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Ho Christina						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					
(Last)	•	rst) (MEDISON, INC. (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/31/2023									X below) VP, Strategic Planning					ъреспу
SECRETARY 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) X Form filed by One Reporting Person					
(Street) NEW YO	(Street) NEW YORK NY 10003				Dul	Form filed by More than Person											an One Rep	orting	
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication 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	n-Deriva	tive S	ecui	ities	Acc	uired,	Dis	posed of	, or E	3enefi	cially	/ Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5) 5)				8, 4 and Securit Benefic Owned Followi		ities Fo icially (D) d Ind ving (In		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	int (A) or (D)		e	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 07/31/20						08/03/2		23	P		23.426(1)) A	\$94	1.86 21		18.976		D	
Common Stock															308.651(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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				Transaction Code (Instr. 8)			rative rities iired r osed) r. 3, 4	6. Date Expirati (Month/	ion Da	/ear) Secur Under Deriva Secur		int of rities rlying ative rity . 3 and 4) Amount or	Deri Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	V (A) (D)		Date Exercisable		Expiration Date	Title	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 6/30/23 and 7/31/23 the reporting person's shares of Company common stock under the THRIFT decreased by 0.078. The information in this report is based on a THRIFT plan statement dated as of 7/31/23.

William J. Kelleher; Attorneyin-Fact 08/04/2023

** 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.