**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

1. **Name and Address of Reporting Person**
   
   Miller Joseph
   
   (Last) (First) (Middle)
   
   CONSOLIDATED EDISON, INC. C/O SECRETARY
   
   4 IRVING PLACE, ROOM 16-205
   
   NEW YORK NY 10003

2. **Issuer Name and Ticker or Trading Symbol**
   
   CONSOLIDATED EDISON INC [ ED ]

3. **Date of Earliest Transaction (Month/Day/Year)**
   
   04/28/2023

4. **Relationship of Reporting Person(s) to Issuer**
   
   Director

5. **Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Deemed Execution Date, if any (Month/Day/Year)</th>
<th>Transaction Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>04/28/2023</td>
<td></td>
<td>F</td>
<td>2.257(1)</td>
<td>1,107.573</td>
<td>D</td>
</tr>
<tr>
<td>Common Stock</td>
<td>05/03/2023</td>
<td></td>
<td></td>
<td></td>
<td>109.541</td>
<td>I</td>
</tr>
</tbody>
</table>

**Common Stock**

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>(A)</th>
<th>(D)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
</tr>
</thead>
</table>

By Tax Reduction Act Stock Ownership Plan (TRASOP)

**Explanation of Responses:**

1. Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.

**William J. Kelleher; Attorney in Fact**

05/04/2023

**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).


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.