FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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

| Name and Address of Reporting Person*     Cawley Timothy   |       |   |       |   | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ] |   |      |       |                     |                                   |  |   |  |                    | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |   |  |            |  |   |  |
|--|-------|---|-------|---|--|---|------|-------|---------------------|-----------------------------------|--|---|--|--------------------|---|---|--|------------|--|---|--|
|  |       |   |       |   |  |   |      |       |                     |                                   |  |   |  |                    |   |   |  |            |  |   |  |
| (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY  |       |   |       |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022 |      |       |                     |                                   |  |   |  |                    |   | X Officer (give title below) Other (specify below)  Chairman, President & CEO |  |            |  |   | респу  |
| 4 IRVING PLACE, ROOM 16-205  |       |   |       |   | 4. If  | Amend   | Date | of O  | Original F          | iled (Month                       |  | 6. Individual or Joint/Group Filing (Check Applicable |  |                    |   |   |  |            |  |   |  |
| (Street) NEW YORK NY 10003   |       |   |       |   |  |   |      |       |                     |                                   |  |   | X Form filed by One Reporting Person Form filed by More than One Reporting Person                  |                    |   |   |  |            | - 1  |   |  |
| (City)   | (St   | ate) (2   | Zip)  |   |  |   |      |       |                     |                                   |  |   |  |                    |   |   |  |            |  |   |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned                                   |       |   |       |   |  |   |      |       |                     |                                   |  |   |  |                    |   |   |  |            |  |   |  |
| Date   |       |   |       | 2. Transaction<br>Date<br>(Month/Day/Ye | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                |   |      | ,   1 |                     |                                   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 an<br>5) |   |  |                    | Beneficially<br>Owned Following   |   |  |            |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |
|  |       |   |       |   |  |   |      | 7     | Code V              |                                   | Amount   | (A)<br>(D)  | (A) or<br>(D) Price  |                    | Tra   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                |  | (Instr. 4) |  | (Instr. 4)  |  |
| Common   | Stock | 03/01/2022 P <sup>(1)</sup> 80 A \$86.09 17,469.132 D |       |   |  |   |      |       |                     |                                   |  |   |  |                    |   |   |  |            |  |   |  |
| Common Stock   |       |   |       |   |  |   |      |       |                     |                                   |  |   |  |                    |   | 4.3(2)  | I  |            | By<br>Consolidated<br>Edison<br>Thrift<br>Savings Plan<br>(Thrift)       |   |  |
|  |       | Tal   | ble I | II - Derivati<br>(e.g., pu              |  |   |      |       |                     |                                   |  |   |  |                    |   | Owned   | k  |            |  |   |  |
| Derivative Conversion Date Execution Date, To Conversion or Exercise (Month/Day/Year) or Exercise (Month/Day/Year) |       |   |       |   |  | ransaction of ode (Instr. Derivativ                         |      |       | EX<br>(M            | Date Exc<br>xpiration<br>Month/Da |  |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr<br>3 and 4) |                    |   |   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |            | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) |   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |       |   |       |   | Code   | Code V (A) (D   |      |       | Date<br>) Exercisab |                                   | Expiration ole Date  |   | Title  | or<br>Number<br>of |   |   |  |            |  |   |  |

## **Explanation of Responses:**

- $1. \ The purchase reported in this Form 4 was effected pursuant to a Rule 10b5-l trading plan adopted by the reporting person on December 22, 2021.$
- 2. Between 1/31/22 and 2/28/22 the reporting person's shares of Company common stock under the Thrift increased by 0.001. The information in this report is based on a Thrift plan statement dated as of 2/28/22.

## Remarks:

Vanessa M. Franklin; 03/01/2022 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.