| SEC For | rm 4 | | | | | | | | | | | | | | | | | | |
|--|--|-------|-------------------------------|----------------------|---|--------|---|----------------|--|---|--|---|--|---|---|--------------|--|-------|--|
| FORM 4 UNITED STAT | | | | | TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | OMB APPROVAL | | | |
| to Section 16. Form 4 or Form 5 obligations may continue. See | | | | | IT OF CHANGES IN BENEFICIAL OWNER pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | Estimated average burden | | | | II | |
| 1. Name and Address of Reporting Person [*] Cawley Timothy | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | licable) tor |) | 10 |) to Issuer 0% Owner | | |
| (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023 | | | | | | | | | X Officer (give title Other (specify below) below) Chairman, President & CEO | | | | респу | |
| 4 IRVING PLACE, ROOM 16-205 | | | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW YORK NY 10003 | | | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Table | I - Non-Deriva | ative | Secu | rities | Aco | quir | ed, Di | sposed o | f, or E | Benefic | ially Own | ed | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day/Ye | | | | ear) E | Execution | | n Date, T C | | action [| 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5) | | d (A) or r. 3, 4 and | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | c | Code | v A | | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | | | (Instr. | 4) | |
| Common Stock 02/01/202 | | | | .3 | | | P ⁽¹⁾ | | 80 | A \$94.9 | | 19,236.553 | | D | | | | | |
| Common Stock | | | | | | | | | | | | | 4.298 ⁽²⁾ | | Ι | | By Consolidated Edison Thrift Savings Plan (Thrift) | | |
| | | Tal | ole II - Derivat (e.g., pu | | | | | | | oosed of, convertil | | | | d | | | | | |
| 1. Title of Derivative Security (Instr. 3) | e of 2. 3. Transaction 3A. Deemed tive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | 4. Transa Code | 4. Transaction Code (Instr. | | 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) | | | le and unt of rities rlying ative rity (Instr. I 4) | 8. Price of 9. Nu Derivative deriv. Security Secur (Instr. 5) Bene Owne Follon Repo Trans (Instr | | arities Form eficially Direct ed or In owing (I) (Ir ported saction(s) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | ode V (A) (D) | | Dat | e ercisable | Expiration Sable Date | | Amount or Number of Shares | | | | | | | | |

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 12/31/22 and 1/31/23 the reporting person's shares of Company common stock under the Thrift remained unchanged. The information in this report is based on a Thrift plan statement dated as of 1/31/23.

Remarks:

William J. Kelleher - Attorney - in- Fact 02/02/2023

** 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.