FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington.	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
--

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average bur	den							
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*  Nachmias Stuart  (Last) (First) (Middle)  CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, SUITE 16-205  (Street)  NEW YORK NY 10003  (City) (State) (Zip)						Issuer Name and Ticker or Trading Symbol     CONSOLIDATED EDISON INC [ ED ]  3. Date of Earliest Transaction (Month/Day/Year) 02/17/2021  4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     X Officer (give title Other (specify below)     President & CEO CET      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transc Date (Month/D					Executi (ay/Year) if any		A. Deemed xecution Date, any Month/Day/Year)				es Acquired Of (D) (Instr		and 5) Securities Beneficia Owned Fe		ly	Form	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 02/1				02/17	//2021		М		1,266	66 A			2,344.256		D				
Common Stock 02/1				02/17	7/2021		D		1,266 D		\$70.	)5	1,078.256		D				
	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)	Title of 2. 3. Transaction 3A. Deemed Execution Date or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr.		tion	5. Number of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares			Transaction(s) (Instr. 4)			
Performance Units (Phantom Stock)	(2)	02/17/2021			A		5,500		(3)		(3)	Common Stock 5,5		4)	(1)	5,500 <sup>(4)</sup>		D	
Performance Units (Phantom Stock)	(2)	02/17/2021			M			1,266	02/17/2	021	02/17/2021	Common Stock	1,266	5)	(1)	0		D	

## Explanation of Responses:

- 1. Not applicable.
- 2. Each Performance Unit is the economic equivalent of one share of Consolidated Edison, Inc. (the "Company") common stock.
- 3. Performance Units granted under the Company's Long Term Incentive Plan ("LTIP") will vest in 2024 when they are determined and awarded by the Management Development and Compensation Committee of
- 4. The number of shares (or cash equivalents) will be adjusted based on certain performance criteria, including criteria other than the market price, as specified under the LTIP.
- 5. The number of shares (or cash equivalents) were adjusted based on certain performance criteria, including criteria other than the market price, as specified under the LTIP.

## Remarks:

Vanessa M. Franklin; Attorneyin-Fact

02/19/2021

\*\* 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.