1. Name and Address of Reporting Person

**Miller Joseph**

- (Last) CONELSGED EDISON, INC. C/O SECRETARY
- (First) 4 IRVING PLACE, ROOM 16-205
- (Middle) NEW YORK NY 10003

2. Issuer Name and Ticker or Trading Symbol

**CONSOLIDATED EDISON INC [ ED ]**

3. Date of Earliest Transaction (Month/Day/Year)

**06/30/2023**

4. If Amendment, Date of Original Filed (Month/Day/Year)

**07/06/2023**

5. Relationship of Reporting Person(s) to Issuer

- **X** Director
- **10% Owner**
- **VP & Controller**

6. Individual or Joint/Group Filing (Check Applicable Line)

**X** Form filed by One Reporting Person

**Form filed by More than One Reporting Person**

**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.

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**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>06/30/2023</td>
<td>07/06/2023</td>
<td><strong>P</strong></td>
<td><strong>A</strong></td>
<td><strong>11.991</strong>(1)</td>
<td><strong>D</strong></td>
<td><strong>1,122,912</strong></td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>By Tax Reduction Act Stock Ownership Plan (TRASOP)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110.459</strong>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>I</strong></td>
<td><strong>By Tax Reduction Act Stock Ownership Plan (TRASOP)</strong></td>
</tr>
</tbody>
</table>

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**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>4. Transaction Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
</tr>
</tbody>
</table>

**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 5/31/23 and 6/30/23 the reporting person's shares of Company common stock under the TRASOP increased by .901. The information in this report is based on a TRASOP plan statement dated as of 6/30/23.

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

07/06/2023

**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).**
- **If the form is filed by more than one reporting person, see Instruction 5 of (D).**
- **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.