FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respon | se: 0.5 | | | | | | | | |

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

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

| Name and Address of Reporting Person* MULROW WILLIAM J | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | | | | all app Direc | | ng Pers | 10% O | vner | |
|---|--|---------|----------|-------------|--|---------------------------------------|---|--------------------------------------|-----------------|--------------------------------------|--------------------|--|------------------------------|--|--------------------------------------|-------------------------------|---|---|---|--|
| (Last) | (Fi | rst) (N | ∕liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2023 | | | | | | | | | | Office | er (give title v) | | Other (s | specify | |
| CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE; ROOM 16-205 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (Street) NEW YO | Street) NEW YORK NY 10003 | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | 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. | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Derivat | ive Se | ecur | ities | Acc | uired, | Dis | posed of | , or E | Benefi | cially | Owr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Year) E | Execu f any | eemed ution Date, th/Day/Year) | | Transaction Disposed Code (Instr. 5) | | es Acquired (A) Of (D) (Instr. 3, | | 4 and Securi Benefi | | ties cially Following | | Direct ct (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Price | • | Transaction(s) (Instr. 3 and 4) | | (111501. 4) | | (1130.4) | |
| Common Stock 05/16/20 | | | | | 023 | | | | A | | 1,625(1) | A \$9 | | 3.48 | 8 14,662.147(2) | | 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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | ıtion Date, | 4. Transaction Code (Instr. 8) | | 5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4 | | Deri Sec (Ins | rice of vative urity tr. 5) | tive derivative Securities | | 0. ownership orm: oirect (D) r Indirect) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Number of Shares | | | | | | | |

Explanation of Responses:

- 1. Represents the annual equity award of Deferred Stock Units ("DSU") under the Consolidated Edison, Inc. (the "Company") Long Term Incentive Plan (the "Plan"). Each DSU represents one share of the Company's Common Stock.
- $2.\ Includes\ 102.124\ DSUs\ acquired\ on\ March\ 15,\ 2023\ pursuant\ to\ the\ dividend\ reinvestment\ provision\ of\ the\ Plan.$

William J. Kelleher; Attorneyin-Fact 05/17/2023

** 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.