Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

| | | | | | 01 560 | CHOILS | 30(h) of the li | ivesime | iii Coi | iipariy Act u | 1940 | | | | | | | |
|--|--|--|---------|---|---|---|--|---------|----------------------------|------------------------------------|---|-------------------------------|--|--|--|--|------------|--|
| Name and Address of Reporting Person* Stanley Deirdre | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | Check a | II app | hip of Reporting Person(s) to Issue opplicable) | | | | | |
| Juney Denuie | | | | | | | | | | | X | Direc | tor | | 10% O | wner | | |
| (Last) | ` | rst) (r EDISON, INC. | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2021 | | | | | | | | Office belov | er (give title v) | Other (specify below) | | specify | |
| 4 IRVING PLACE, ROOM 16-205 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| NEW YO | ORK N | Y 1 | 0003 | | | | | | | | | | Form filed by More than One Reperson | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecui | rities Acq | uired | , Dis | posed of | , or Be | nefic | ially (|)wn | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D 5) | | | | 4 and Securiti Benefic Owned | | ties cially I Following | Form (D) or | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | . т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 05/18/2 | | | | 2021 | | | A | | 1,905(1) | A | \$78 | .73 | 14,217.622 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | Transaction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of De Securities Se | | 8. Prio Deriva Secur (Instr. | ative ity | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Deferred Stock Units ("DSU") granted pursuant to the Consolidated Edison, Inc. (the "Company") Long Term Incentive Plan. Each DSU represents one share of the Company's common stock.

(A) (D) Date Exercisable

Expiration Date

Remarks:

Vanessa M. Franklin; Attorney-in-Fact

Title

Amount Number

of Shares

05/19/2021

** 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).

Code

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.