FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Vashington,	D.C.	20549

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STATEMENT	OF	CHANGES	IN BEN	NEFICIAL	OWNERSHIP	)

OMB APPR	OVAL							
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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*  Saegusa Yukari  (Last) (First) (Middle)  CONSOLIDATED EDISON, INC. 4 IRVING PLACE, ROOM 16-205  (Street)  NEW YORK NY 10003  (City) (State) (Zip)					2. 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)							6. Ir	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Vice President and Treasurer  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-Deriv  1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				action	ction 2A. Deemed Execution Date,		3. 4. Sec Transaction Code (Instr.		4. Securiti	ed of, or Benefic ecurities Acquired (A) posed Of (D) (Instr. 3, 4		5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock 02				02/17	7/2021		Code	v	Amount 1,016	(A) or (D)	Price (1)	Transacti (Instr. 3 a	Transaction(s) (Instr. 3 and 4)		D	,		
				02/17	7/2021		F		322 D \$		\$70.0	5 2,5	2,531		D			
1. Title of Derivative Security (Instr. 3)	(e.g., p  1. Title of Conversion Date Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		uts, c	s, calls, warrants,  5. Number of Derivative			irred, Disposed of, options, convertib  6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount es J Security d 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				c	Code \	<b>,</b>	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Performance Units (Phantom Stock)	(2)	02/17/2021			A		2,800		(3)		(3)	Common Stock	2,800(4	(1)	2,800 <sup>0</sup>	(4)	D	
Performance Units (Phantom Stock)	(2)	02/17/2021			М			1,016	02/17/2	021	02/17/2021	Common Stock	1,016(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 Company Long Term Incentive Plan.

## 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.