FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

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

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

Name and Address of Reporting Person*     Sanchez Robert				2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]									all app Direc	p of Reporting Policable) ctor er (give title		rson(s) to Is 10% Ov Other (s	ner		
(Last)	(Fii	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/28/2023								Λ	belov P	resident &	CE	below) O, O&R		
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					.		
(Street)	ORK N	γ 1	0003			Form filed by More than One R Person										an One Repo	orting		
(City)			Zip)		_			` ,			tion Indi								
(=.,,			.,		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-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,			Date,	3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)						ties cially I Following	Forr (D) (	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	or Pri	ce	Transa	nsaction(s) tr. 3 and 4)			(111511.4)	
Common Stock 04/28/2				2023	023 05/03/202		023	P		23.47(1)	A	.   \$9	98.47	12,8	878.796		D		
Common Stock													505	505.675(2)		I	By THRIFT PLAN		
	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)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)		Der Sec (Ins	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code	v			Date Exercisable		Expiration Date	Title	or Number of Shares	er								

## **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 3/31/23 and 4/30/23 the reporting person's shares of Company common stock under the THRIFT decreased by 0.065. The information in this report is based on a THRIFT Plan statement dated as of 4/30/23.

William J. Kelleher; Attorney-05/04/2023 in-Fact

\*\* Signature of Reporting Person

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.