| SEC Form 4 | |
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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 Washington, D.C. 20549

OMB APPROVAL

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| | OMB Number: | 3235-0287 |
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| STATEMENT OF C | 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

| | | | of Section 50(n) of the investment Company Act of 1540 | | | | | | |
|--|--|-------------------------|--|--|---|--|--|--|--|
| 1. Name and Address of Reporting Person [*] Donnley Deneen L | | | 2. Issuer Name and Ticker or Trading Symbol <u>CONSOLIDATED EDISON INC</u> [ED] | | tionship of Reporting Po all applicable) Director | 10% Owner | | | |
| (Last) CONSOLIDAT | (First) ED EDISO | (Middle) N, INC. C/O | 3. Date of Earliest Transaction (Month/Day/Year) 12/29/2023 | X | Officer (give title below) SVP and General | Other (specify below) Il Counsel | | | |
| (Street) | SECRETARY 4 IRVING PLACE, ROOM 16-205 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | ng (Check Applicable porting Person an One Reporting | | | | | |
| NEW YORK NY 10003 (City) (State) (Zip) | | | 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. | | | | | | |
| | | Table I - Non-Deriv | vative Securities Acquired, Disposed of, or Bene | ficially | Owned | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | | Form: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|----------------------|---------------|---------|------------------------------------|--------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 12/29/2023 | 01/04/2024 | Р | | 42.01 ⁽¹⁾ | Α | \$90.97 | 8,335.245 ⁽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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.

2. Total includes 57.585 Deferred Stock Units ("DSUs") acquired on December 15, 2023 pursuant to the Company Long Term Incentive Plan's dividend reinvestment provision. Each DSU represents one share of the Company's common stock.

William J. Kelleher; Attorney- 01/08/2024

** Signature of Reporting Person Date

in-Fact

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.