SEC Form 4 FORM 4	UNITED S	TATE	ES S						NGE C	OMMIS	SION				
		Washington, D.C. 20549										OMB APPROVAL			
Section 16. Form 4 or Form 5 obligations may continue. See				NT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								Estim	Number nated ave s per resp	erage burder	3235-0287 1 0.5
1. Name and Address of Reporting Person <sup>*</sup> <u>HOGLUND ROBERT N</u>				2. Issuer Name and Ticker or Trading Symbol <u>CONSOLIDATED EDISON INC</u> [ ED ]								Reporting ble) give title	, 10% Ow e title Other (s		wner
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, ROOM 16-205				3. Date of Earliest Transaction (Month/Day/Year) 02/16/2022								SVP	& CF	below) D	
(Street) NEW YORK NY 10003				4. If Amendment, Date of Original Filed (Month/Day/Year) 02/17/2022							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L			Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					Form: (D) or		7. Nature of Indirect Beneficial Ownership
						Code	v	Amount	(A) oi (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security     2. Conversion or Exercise Price of Derivative Security     3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivat Security (Instr. 3 ar 4)		Derivative tive Security	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac	ve ies ially ng ed	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
		Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Performance Units (1) 02/17/2022 (Phantom Stock)		A		13,600 <sup>(2)</sup>		(3)		(3)	Common Stock	13,600 <sup>(4)</sup>	(5)	13,60	)0 <sup>(4)</sup>	D	

Explanation of Responses:

1. Each Performance Unit is the economic equivalent of one share of Consolidated Edison, Inc. (the "Company") common stock.

2. Due to an administrative error, the number of Performance Units previously granted by the Management Development and Compensation Committee of the Company's Board of Directors (the Committee) was overstated on the original Form 4 by 1,400 Performance Units. The correct number of Performance Units is reflected.

3. Performance Units granted under the Company's Long Term Incentive Plan ("LTIP") will vest in 2025 when they are determined and awarded by the Committee.

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. Not applicable.

**Remarks:** 

<u>Vanessa M. Franklin; Attorney-</u> <u>in-Fact</u> <u>03/10/2022</u>

\*\* 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.