Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

| | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

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

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* HOGLUND ROBERT N | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | | k all app Direct Office | tor er (give title | ng Pers | 10% Ov Other (s | vner | | | |
|--|--|----------|--------|----------|--|-------|---|---|----------------|---|---|-------------------------|-------------------------------|--|--|--------------------|--|--|-------------|--|
| | (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021 | | | | | | | | SVP & CFO | | | | | |
| 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) | | | | | | | | | |
| (Street) NEW YO | ORK N | Y 1 | 0003 | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (ž | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | uired | l, Dis | posed of | , or E | Benefi | icially | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Date | | ate, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | Securit Benefic | curities Formation Formation Following (I) | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ice | Transaction(s) (Instr. 3 and 4) | | | | (1115411 4) | |
| Common | Stock | | | 12/31/2 | 2021 01/04 | | 04/20 | 22 | P | P 139.209 ⁽¹ | | ¹⁾ A \$85.32 | | 35.32 | .32 43,312.468 | | | 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, | | | | Transaction of Code (Instr. Derivat | | ative rities ired osed | Expiration Date | | ate | Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Sei (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | 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.

Remarks:

Vanessa M. Franklin; Attorney-in-Fact

01/05/2022

** 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.