Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vachinaton	D	20E40
Vashington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEME
obligations may continue. See	

## NT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 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

Name and Address of Reporting Person*     Sanchez Robert					2. Issuer Name <b>and</b> Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]								5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ow X Officer (give title Other (s)					ner	
(Last)	•	rst) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/31/2023									below		c CE(	Other (sbelow) O, O&R	sреспу 
SECRETARY					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
4 IRVING PLACE, ROOM 16-205													Line)  X Form filed by One Reporting Person					on	
(Street) NEW YORK NY 10003						Form filed by More than One Reporting Person											orting		
NEW YO	JKK IV	Y 1			Rul	Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day.				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			4 and Securities Beneficial		ties cially I Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	(A) or (D) Price		Transa	ea ction(s) 3 and 4)			(Instr. 4)	
Common	Stock			10/31/2	.023	11/	03/20	)23	P		26.325(1)	A	\$	87.79	13,2	3,273.831 D			
Common	Common Stock													505.718 <sup>(2)</sup>			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)			Execut if any	recution Date, any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	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 9/30/23 and 10/31/23 the reporting person's shares of Company common stock under the THRIFT decreased by 0.071. The information in this report is based on a THRIFT Plan statement dated as of 10/31/23.

William J. Kelleher; Attorney- 11/06/2023 in-Fact

\*\* 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.