FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DС | 20549 |
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| rvasiliigion, | D.C. | 20040 |

| Check this box if no longer subject | | | | | | |
|-------------------------------------|--|--|--|--|--|--|
| to Section 16. Form 4 or Form 5 | | | | | | |
| obligations may continue. See | | | | | | |
| Instruction 1(b). | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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* FUTTER ELLEN V | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | | | ck all app Direc | tionship of Reporting F all applicable) Director | | 10% Ov | vner |
|---|--|---------|---|----------|--|--|--|-------------|--|--|----------|--|--|-----------------------|--|--|-------|------------------------------|---|
| (Last) | (Fir | est) (N | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2024 | | | | | | | | | Office below | er (give title /) | | Other (s below) | specify |
| CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE; ROOM 16-205 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person | | | | | | |
| (Street) | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| NEW YORK NY 10003 | | | | | | 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 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 | 3ene | eficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | y/Year) Execution | | | ution Date, | | 3. 4. Securitie Disposed Code (Instr. 8) | | es Acquired (A) o Of (D) (Instr. 3, 4 | | (A) or 3, 4 and | 5. Amo Securit Benefic Owned Report | ties cially I Following | Form: | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | V Amount | | (A) (D) | or I | Price | Transa | action(s) 3 and 4) | | | (Instr. 4) | | | | |
| Common Stock 05/21/2 | | | | | | 2024 | | | A | | 1,761(1) | A \$9 | | \$96.5 1 | 45,953.78 | |] | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | 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 Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y O Fo O (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V | | (A) | (D) | Date Exercis | Expiration sable Date Ti | | Title | Amo or Num of Shar | nber | | | | | |

Explanation of Responses:

1. Represents the annual equity award of Deferred Stock Units ("DSU") under the Consolidated Edison, Inc. (the "Company") Long Term Incentive Plan. Each DSU represents one share of the Company's Common Stock.

> William J. Kelleher; Attorney-05/22/2024

** 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.