FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours nor resnance | . 05 | | | | | | | | |

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

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* Cawley Timothy | | | | | 2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED] | | | | | | | | | (Check all applicab X Director | | | 10% Own | | ner | |
|---|--|--|---|-----|--|---|---|---------------|------|------------------|---|---------------|--|--|--|--|---|--|--|--|
| (Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2021 | | | | | | | | | X Officer (give title below) Other (specibelow) Director, President, CEO | | | | | респу | |
| 4 IRVING PLACE, ROOM 16-205 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YORK NY 10003 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Da | | 2. Transaction Date (Month/Day/Yo | Execution | | on Date, | | 3. Transaction Code (Instr. 8) | | tion | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Cod | le \ | v | Amount | (A) or (D) |) or Price | | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (111501.4) | |
| Common | Stock | | 04/30/202 | 1 | 1 05/05/20 | | 1 | P | | | 29.913 ⁽¹⁾ A \$7 | | \$77.41 | L | 16,599.18 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 4.177 ⁽²⁾ | | I | | By Consolidated Edison Thrift Savings Plan (Thrift) | |
| | 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) | | nsactior de (Instr. | of Der Sec Acc (A) Dis of (| pose (D) str. 3, | ve es d | Expi | ration nth/Da | e Exercisable and tion Date h/Day/Year) | | tle and sunt of urities erlying vative urity (Instr d 4) Amoun or Number of | t | Derivative Security (Instr. 5) Secur Owne Follon Repo Trans (Instr. | | ities icially d ving ted action(s) | 10. Owne Form: Direct or Ind (I) (Ins | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Cod | de V | (A) | (D | | | | | Title | | | | | | | | |

- 1. Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.
- 2. Between 03/31/21 and 04/30/21 the reporting person aquired 0.00 shares of Company common stock under the Thrift. The information in this report is based on a Thrift plan statement dated as of 04/30/21.

Remarks:

Vanessa M. Franklin; 05/07/2021 Attorney-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.