Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
-------------	------------	--

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

## STATEMENT 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*     Ho Christina						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ ED ]									all app Direc	o of Reporting P licable) tor er (give title		rson(s) to Is 10% Ov Other (s	vner
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O SECRETARY 4 IRVING PLACE, ROOM 16-205					3. Date of Earliest Transaction (Month/Day/Year) 10/31/2023										belov	<i>I</i> )	below)		эрсспу
					4. If A	Amend	ment,	Date o	of Origina	f Original Filed (Month/Day/Year)				i. Indiv ine) X	X Form filed by One Reporting Person				on
(Street) NEW YORK NY 10003				Rul	Form filed by More than One Reporting Person  Rule 10b5-1(c) Transaction Indication														
(City) (State) (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	Acc	quired	, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,							Acquired (A) or f (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or Price	e	Transaction(s) (Instr. 3 and 4)				(111501. 4)
Common Stock 10/31/2				023 11/03/2		023	P		25.313 <sup>(1)</sup>	A	A \$87.79		297.555		D				
Common Stock															308	3.733 <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 of Exercise Price of Derivative Security  Security  1. Title of Date (Month/Day/Year)  1. Transaction Date (Execution Date, if any (Month/Day/Year)				tion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disport of (D	or osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	rice of ivative urity tr. 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	sable	Expiration Date	Title	Amount 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.
- 2. Between 9/30/23 and 10/31/23 the reporting person's shares of Company common stock under the THRIFT decreased by 0.043. 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

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.