FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF	CHANGES	IN BE	NEFICIAL	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 and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]									(Chec	k all app Direc	,		rson(s) to Is 10% O Other (s	ner	
(Last)	`	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/29/2024									X	below P			below) O, O&R	
CONSOLIDATED EDISON, INC. C/O SECRETARY 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) X Form filed by One Reporting Person						
(Street) NEW Y	ORK N	Y 1	0003			Form filed by More than One Reporting Person											orting		
(City)	(St	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication 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.									nded to					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	l, Dis	posed of	, or B	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)						ies ially Following	Forr (D) (m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) c	Prio	e:e	Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock 03/29/2			024	24 04/03		24	P		73.278(1)	A	\$9	00.81 13,65		54.314(2)		D			
Common Stock													516.201(3)			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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		Execution Date, 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 Exercisabl Expiration Date (Month/Day/Year)		ate	Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	Price of rivative curity str. 5)		Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership t (Instr. 4)
				Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amour or Number of Shares	r						

Explanation of Responses:

- 1. Purchase of shares of common stock of Consolidated Edison, Inc. (the "Company") under the Company's Stock Purchase Plan.
- 2. Total includes 82.040 deferred stock units ("DSUs") acquired on March 15, 2024, pursuant to the Company Long Term Incentive Plan's dividend reinvestment provision. Each DSU represents one share of the Company's common stock.
- 3. Between 3/1/24 and 3/31/24 the reporting person's shares of Company common stock under the THRIFT increased by 10.614 shares. The information in this report is based on a THRIFT plan statement dated as of 3/31/24.

William J. Kelleher; Attorney-04/04/2024 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.