FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

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

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* Miller Joseph						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (cree))						
(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O						3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023								X Officer (give title Other (specify below) VP & Controller						
SECRETARY 4 IRVING PLACE, ROOM 16-205					4. If A	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	(Street) NEW YORK NY 10003				Rul	Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication														
(City)	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 - N	lon-Deriva	tive S	Secu	rities	s Ac	quire	d, Di	sposed of	f, or E	eneficia	ally Own	ed					
Date			2. Transaction Date (Month/Day/	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (5)				O) (Instr. 3, 4 and Se Be Ov		curities F neficially (ned Following (nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			09/29/20	23	23 10/04/2023			P		12.85(1)	A	\$85.53	1,141	1,141.596		D			
Common Stock													111.453 ⁽²⁾		I		By Tax Reduction Act Stock Ownership Plan (TRASOP)			
	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) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)				cution Date, y	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		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 8/31/23 and 9/30/23 the reporting person's shares of Company common stock under the TRASOP increased by 1.014. The information in this report is based on a TRASOP plan statement dated as of 9/30/23.

William J. Kelleher; Attorney-10/05/2023 in-Fact

Date

** 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.