FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Г											
	OMB APPROVAL										
ı											
l	OMB Number:	3235-0287									
l	Estimated average burden										
l	hours per response	0.5									

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

					01 000	, tion c	0(11) 0	i tiic i	TIVESTITIE		ilipally Act t	71 1540	<u> </u>								
Name and Address of Reporting Person* Sanchez Robert						2. Issuer Name and Ticker or Trading Symbol CONSOLIDATED EDISON INC [ED]									k all app	ationship of Reporti all applicable) Director		rson(s) to I:			
						Date of Earliest Transaction (Month/Day/Year)								X	Officer (give title below)			Other (s	specify		
(Last)	(Last) (First) (Middle) CONSOLIDATED EDISON, INC. C/O						07/31/2023									President & CEO, O8		,			
SECRET		EDISON, I	INC. C/O		Δ If Δ	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
4 IRVING PLACE, ROOM 16-205						4. II Americanent, Date of Original Fliet (Month/Day/1ear)								Line)							
														X Form filed by One Reporting Person							
(Street)															Form filed by More than One Repo						
NEW YO	ORK N	Y	1000	3	Rule	Rule 10b5-1(c) Transaction Indication															
(Oit)	//	**-*->	(7:-)		'	Truic 1000-1(c) Halisaction indication															
(City)	(5	itate)	(Zip)								saction was n ions of Rule 1					truction or wr	tten pla	an that is int	ended to		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1 Title of 6	Coourity (In		able I - IV						3.	DIS	1	-				ount of	6 04	vnership	7. Nature		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			3. 4. Securities Acquired (Disposed Of (D) (Instr. 3)						ties cially I	Form (D) o	n: Direct r ect (I)	of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or Pri	ce	Repor Transa				(m3u. 4)		
Common Stock 07/31/20						08/03/2023		P		24.363(1)		A \$9	4.86	13,0	071.816		D				
Common Stock														505	505.581(2)		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 or Exercise Price of Derivative Security	se (Month/Day/Yea	/Year) Exe	Deemed cution Date, ry nth/Day/Year)		e (Instr. C		vative rities iired r osed)	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Der Sec (Ins	Price of erivative ecurity estr. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amoun or Numbe of Shares	er							

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 6/30/23 and 7/31/23 the reporting person's shares of Company common stock under the THRIFT decreased by 0.127. The information in this report is based on a THRIFT Plan statement dated as of 7/31/23.

William J. Kelleher; Attorneyin-Fact 08/04/2023

** 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.