FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPI	ROVAL						
OMB Number: 3235-010							
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

1. Name and Address of Reporting Person*  MITCHELL TERENCE J  2. Date of Event Requiring Statement (Month/Day/Year) 12/01/2010				nent	3. Issuer Name and Ticker or Trading Symbol  DIME COMMUNITY BANCSHARES INC [ DCOM ]							
(Last) (First) (Middle) 209 HAVEMEYER STREET						tionship of Reporting Perso all applicable) Director	Person(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)	Street) BROOKLYN NY 11211				X	Officer (give title below)  Exec. VP -Chief Retains	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One			
(City)	(State)	(Zip)								Reporting Po		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4) Form: Di		Form: Direct or Indirect	orm: Direct (D) (Instr. Indirect (I)		nture of Indirect Beneficial Ownership r. 5)		
Common Stock						7,274 D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conve		rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price o Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Terence J. Mitchell

01/14/2011

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).