SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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* 2. Da Requ Lenhoff Timothy (Mon 10/2)				nent	3. Issuer Name and Ticker or Trading Symbol <u>DIME COMMUNITY BANCSHARES INC</u> [DCOM]							
(Last) 209 HAVEME	(First) YER STREET	(Middle)				tionship of Reporting Perso all applicable) Director	10% Ov	ner	(Mon	th/Day/Year)	ate of Original Filed	
,					Х	Officer (give title below)	Other (s below)	ресну	Appli	cable Line)	/Group Filing (Check	
(Street) BROOKLYN	NY	11211				Executive Vice Pr	esident				y One Reporting Person y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4) F					4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						0	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 and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit			4. Conve or Exe Price	ercise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Re			Date Exercisable	Expiration Date	Title		Amour or Numbe of Shares	t Deriva Secur	ative	or Indirect (I) (Instr. 5)		

<u>/s/ Timothy Lenhoff</u>

Date

10/22/2014

** 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 5 (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.