FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OIVID AF FROVAL | | | | | | | | | |
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| 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* GOLDEN ROBERT C 2. Date of Event Requiring Statement (Month/Day/Year) 03/17/2011 | | | | nent | 3. Issuer Name and Ticker or Trading Symbol DIME COMMUNITY BANCSHARES INC [DCOM] | | | | | | | |
|---|-----------|----------|---------------------|--|---|---|--|---------------------------|---|---|---|--|
| (Last) | (First) | (Middle) | | | | tionship of Reporting Perso all applicable) Director | on(s) to Issuer | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| (Street) | TERSTREET | | | | 71 | Officer (give title below) | Other (spe | cify | Applio | cable Line) | /Group Filing (Check | |
| BROOKLYN | NY | 11211 | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | nt of Securities ally Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock | | | | | | 1,000 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| Expir | | | Expiration D | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | d 3. Title and Amount of Securi Underlying Derivative Securi | | 4. Convers or Exerc | sion cise | Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| | | | Date Exercisable | Expiration Date | n Title | ı | Amount or Number of Shares | Derivati Security | ve | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

/s/ Robert C. Golden

03/23/2011

** 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.

 $^{^{\}star}$ 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).