FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20349

	OMB APPROVAL									
,	OMB Number:	3235-0287								
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0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* PALAGIANO VINCENT F					<u>D</u>	2. Issuer Name and Ticker or Trading Symbol DIME COMMUNITY BANCSHARES INC [DCOM]											II applic	cable)	g Person(s) to Issuer 10% Owne Other (spe		ner	
(Last) (First) (Middle) 300 CADMAN PLAZA WEST 8TH FLOOR					12/	3. Date of Earliest Transaction (Month/Day/Year) 12/30/2016											below)			below)		
(Street) BROOKLYN NY 11201					_	4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	ate)	(Zip)																			
1. Title of Security (Instr. 3) 2. T				2. Trans	2. Transaction Date Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			tion	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. S B	5. Amount of Securities Beneficially Owned Following Reported		Form (D) o	n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Dwnership	
										Code	V	Amount	(A (D) or)	Price	T	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 1					/30/2016 ⁽¹⁾		12/30/2016(1		(1)	A		2,825	5	A	\$20.3	1	354,760			I]	Втр	
Common Stock					30/2016 ⁽²⁾		12/30/2016 ⁽²		(2)	A		23,81	9	A	\$20.3	1	84,759			I 1	Esop	
Common Stock					31/2017		03/31/2017		7	J ⁽³⁾		16,15	7	D	\$20.3	3	68,602		I		Esop	
Common Stock 03/					1/2017		03/31/2017		7	J ⁽³⁾		16,15	7 A \$20		\$20.3	.3 698,089		,089	D			
		٦	Table II -									sed of, onvertil				Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of			Date Exer piration D pnth/Day/	ate		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			Deri	rice of vative urity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat	te ercisable		opiration	Title		Amount or Number of Shares							
Stock Options (Right to Buy)	\$13.74								02/	01/2008 ⁽⁴	0	5/01/2017	Comm Stock		112			112		D		

Explanation of Responses:

- 1. Allocation of earned shares during the year ended December 31, 2016 in the Company's non-qualified Benefit Maintenance Plan. While the allocation is deemed effective as of December 31, 2016, the amount of shares allocated was not fully determined until on or about March 31, 2017.
- 2. Allocation of earned shares during the year ended December 31, 2016 in the Company's qualified Employee Stock Ownership Plan. While the allocation is deemed effective as of December 31, 2016, the amount of shares allocated was not fully determined until on or about March 31, 2017.
- 3. Shares received from the Company's Employee Stock Plan as part of retirement distributions.
- 4. Options vest in equal 1/4th annual installments on May 1, 2008, 2009, 2010 and 2011.

/s/ VINCENT F. PALAGIANO 04/04/2017

** 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.