FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO | VAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* NOLAN HOWARD H | | | | | | | 2. Issuer Name and Ticker or Trading Symbol BRIDGE BANCORP INC [BDGE] | | | | | | | | | 5. Relationship of Reporting Person(s) (Check all applicable) X Director 1 | | | | er |
|--|--|----------------------|--|-------|------------------------------|--|--|-----|--|---------------------------------------|----|----------------|---|----------|---------------------------|--|--|----------------|--|--|
| (Last) (First) (Middle) P.O. BOX 3005 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2010 | | | | | | | | | Officer below) | (give title SEVP | & CI | Other (s below) | pecify |
| (Street) BRIDGEHAMPTON NY 11932 | | | | | | 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 | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year | | | e, Transaction Dis Code (Instr. 5) | | | urities Acquired (A) o sed Of (D) (Instr. 3, 4 a | | | 5. Amoun Securities Beneficia Owned Fo Reported | s lly ollowing | Form | : Direct I r Indirect I str. 4) (| 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transacti (Instr. 3 a | ion(s) | | | Instr. 4) |
| Common 01/29 | | | | | | | /2010 | | | A | | 2,870 |) ⁽¹⁾ A | A \$0.00 | | 23,703.2522 | | | D | |
| | 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 | ise (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | | and 7. Title and Amo of Securities Underlying Deriv Security (Instr. 3 4) | | vative | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | piration te | Title | | ount or ober of res | | | | | |
| Stock Options | (2) | | | | | | | | | (2) | | (2) | Common | 5, | 708 | | 5,708 | В | D | |
| Convertible Trust Preferred Socurities (2) | \$31 | | | | | | | | 12/ | /04/2009 | 09 | /30/2039 | Common | 3,25 | 55.81 | | 100 | | D | |

Explanation of Responses:

- 1. Represents a restricted stock award. Shares vest one third per year beginning three years from the date of the grant.
- 2. Various

Remarks:

/s/ Howard H. Nolan

02/01/2010

** 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.