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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Oberely this have if we have seen such: | 4 4 - |
|---|--------|
| Check this box if no longer subj | ect 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

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

| 1. Name and Address of Reporting Person* <u>McCOY JR. ALBERT E</u> | | 2. Issuer Name and Ticker or Trading Symbol BRIDGE BANCORP INC [BDGE] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner |
|---|----------|--|--|
| (Last) (First) PO BOX 3005 | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2018 | Officer (give title Other (specify below) below) |
| (Street) BRIDGEHAMPTON NY | 11932 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person |
| (City) (State) | (Zip) | - | Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|-----------------------------|---|--|---------------------|-----------|---|---|---|--|
| | | | Code | v | Amount | Amount (A) or Brice | | Transaction(s) (Instr. 3 and 4) | | (1150. 4) | |
| Common | 10/15/2018 | | Р | | 1,000 | A | \$30.8288 | 116,000.6168 | D | | |
| Common | 10/15/2018 | | Р | | 500 | A | \$30.8288 | 16,753.871 | I | Wife | |
| Common | 10/15/2018 | | Р | | 500 | A | \$30.8288 | 10,028.1471 | I | Son 1 | |
| Common | 10/15/2018 | | Р | | 500 | A | \$30.8288 | 10,028.1837 | Ι | Son 2 | |

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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secur Acqu (A) or Dispo of (D) (Instr | of Expiratio | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|--------------|---------------------|--|-------|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

<u>/s/ Albie E. McCoy Jr.</u>

10/16/2018

** 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.