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

						<u> </u>						
	Address of Reporting	DA (	2. Date of Event Requiring Stater Month/Day/Yea 11/01/2013	nent	3. Issuer Name and Ticker or Trading Symbol BRIDGE BANCORP INC [ BDGE ]							
(Last) P.O. BOX	(First) . 3005	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) BRIDGEF (City)	HAMPTON NY (State)	11932 (Zip)				Officer (give title below)	Other (spe below)	cify		cable Line) Form filed b	y One Reporting Person  y More than One erson	
			Γable I - Nor	-Derivat	ive S	ecurities Beneficiall	y Owned		•			
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common						0	D					
		(e.				urities Beneficially options, convertible		s)				
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Securi Underlying Derivative Securit		ity (Instr. 4) Conve		rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Price of Derivation	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

<u>/s/ Raymond A. Nielsen</u> <u>11/08/2013</u>

\*\* Signature of Reporting Person Dat

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).