FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
OMB Number:	ımber: 3235-0104						
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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

Name and Address of Reporting Person*     Schaubeck Patricia M			2. Date of Event Requiring Staten (Month/Day/Year 03/12/2018	nent	3. Issuer Name and Ticker or Trading Symbol  DIME COMMUNITY BANCSHARES INC [ DCOM ]						
(Last) 300 CADMAN	(First) N PLAZA WES	(Middle) ST, 8TH FL			Relationship of Reporting Pers (Check all applicable)     Director		on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) BROOKLYN	NY	11201			helow)	Officer (give title below)  EXECUTIVE VICE P	Other (spe below) RESIDEN	´	Individual or Joint/Group Filing (Check Applicable Line)     Y 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)						unt of Securities cially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secur Underlying Derivative Securi			4. Conversion or Exercise Price of		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiratio Date	n Titl	e	Amount or Number of Shares	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

PATRICIA M. SCHAUBECK 03/12/2018

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- \* 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).

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.