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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

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

| 1. Name and Addre <u>Perry Joseph</u> | ess of Reporting Pers | on* | 2. Issuer Name and Ticker or Trading Symbol <u>DIME COMMUNITY BANCSHARES</u> <u>INC</u> [DCOM] | | tionship of Reporting Pers all applicable) Director Officer (give title | 10% Owner Other (specify | |
|--|-----------------------|----------|---|------------------------|---|-----------------------------|--|
| (Last) 209 HAVEMEY | (First) YER STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2014 | | below) | below) | |
| (Street) BROOKLYN | KLYN NY 11211 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | |
| (City) | (State) | (Zip) | | | Person | | |

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

| 3. | | | | | | | |
|---|---|------------------------------|---------------|-------------------------------|---|---|---|
| 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of | | | 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 | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| A | | 642 ⁽¹⁾ | Α | \$15.56 ⁽¹⁾ | 30,758 | D | |
| | | | | | 0 | Ι | Restricted Stock Award |
| | | | | | 300 | Ι | Daughter |
| | | | | | 0 | D | |
| | | | | | | | Image: Constraint of the second sec |

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 Secu Acqu (A) or Dispo of (D) | Expiration Date (Month/Day/Yea or posed D) (X 1, 3, 4 | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Amount of Securities Security Underlying Derivative Security (Instr. 3 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 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:

1. Mr. Perry elected to receive his annual retainer as Chairman of the Risk Committee in the form of Company stock instead of cash. The price shown reflects the closing price of the Company's common stock on the payable date of December 16, 2014.

/s/ JOSEPH J. PERRY

12/17/2014

** 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.