FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
OMB Number:	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

1. Name and Address of Reporting Person*  HARRIS DANIEL J  2. Date of Event Requiring Statement (Month/Day/Year) 03/03/2008				nent	3. Issuer Name and Ticker or Trading Symbol  DIME COMMUNITY BANCSHARES INC [ DCOM ]							
(Last) 209 HAVEME	(First)	, , ,			Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner			er	5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) BROOKLYN (City)	NY (State)	11211 (Zip)			X	Officer (give title below)  Executive Vice Pro	Other (spe below) esident	ecify		cable Line) Form filed by	/Group Filing (Check  y One Reporting Person  y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)			1. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						400	I		Spouse			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		Convei or Exei	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratio Date	n Title	•	Amount or Number of Shares	Price o Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

**DanielJHarris** 

03/03/2008

\*\* Signature of Reporting Person

Date

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).