FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

I	OMB Number:	3235-0287
I	Estimated average burde	n
ı	hours per response.	0.1

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* DEVINE MICHAEL P				<u>D</u>	2. Issuer Name and Ticker or Trading Symbol DIME COMMUNITY BANCSHARES INC [DCOM]							NC (Ch	eck all appli X Directo Y Officer	ationship of Reporting Person(s) to Issue k all applicable) Director 10% Own Officer (give title Other (sp			ner	
(Last) (First) (Middle) 209 HAVEMEYER STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/26/2004								below)	PRESIDE	NT &	below)	
(Street)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable											olicable	
BROOK	LYN N	Y	11211			Line) X Form filed by One Reporting Person											ı	
(City)					-									Form f Persor	iled by More	e than C	One Repor	ting
(City)	(5	itate)	(Zip)															
1 Title of	Coourity (Inc		DIE I - NO			_	2A. De		quirea,	DIS				y Owned		6. Own	orobin	7. Nature
[0			Date	2. Transaction Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		Transa Code (Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		Direct (Indirect I tr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			
Common	Stock			02/2	6/200	4			M		26,800	0 A	\$6.45	5 258	3,994]	D	
Common	Stock			02/2	02/26/2004				S		26,800	0 D	\$30.9	1 232	2,194	D		
Common	Stock			02/27/2004		4			M		10,620	0 A	\$6.45	5 242	2,814	D		
Common	Stock			02/2	27/200	4			S		10,620	0 D	\$30.6	4 232	2,194	I	D	
Common Stock														50	50,091			401(k) Plan
Common	Stock													31	,106		I 1	ESOP
Common	Stock												121	121,385		I]	ВМР	
			Table II -								osed of, onvertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)		of Deri Sec Acq (A) (Disp of (I	umber vative urities uired or oosed O) (Instr. and 5)	Expiration	Date Exercisable and cypiration Date 7. Title are of Securi Underlyin Derivativ			7. Title and Amount of Securities Underlying Security Instr. 3 and 4)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	or of the second		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		expiration Date	Title	Amount or Number of Shares					
Stock Options (Right to buy)	\$6.45	02/26/2004			M			26,800	12/26/199	97 1	.2/26/2006	Common Stock	26,800	\$6.45	110,620	0	D	
Stock Options (Right to buy)	\$6.45	02/27/2004			M			10,620	12/26/19	97 1	2/26/2006	Common Stock	10,620	\$6.45	100,000	0	D	
Stock Options (Right to buy)	\$16.36								11/21/200)2 1	.1/21/2011	Common Stock	70,500		70,500)	D	
Stock Options (Right to buy)	\$19.73								02/01/200	04 (2/01/2013	Common Stock	74,000		74,000)	D	
Stock Options (Right to buy)	\$29.85								01/27/200	08 0	1/27/2014	Common Stock	74,000		74,000)	D	
ynlanatio	n of Respons																	

MICHAEL P. DEVINE

03/01/2004

** 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.

 $^{^{\}star}$ 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).

Persons who respond to the colle	ection of information contained in thi	is form are not required to resp	ond unless the form displays a cu	rrently valid OMB Number.