Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Williams Omer SJ</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol DIME COMMUNITY BANCSHARES INC DCOM DCOM | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|---|--|--|------------|--|---|---|---------|---|--------|-----------------------|---|---------------------------------------|--|--------------------------|---|--|---|
| (Last) (First) (Middle) 300 CADMAN PLAZA WEST 8TH FLOOR | | | | | 3. [| 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2017 | | | | | | | | Office below | er (give title v) | e | Other (below) | specify |
| (Street) BROOKLYN NY 11201 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/23/2017 | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) |) (State) (Zip) | | | | | | | | | | | | Person | | | | | |
| | | Tab | ole I - No | n-Deri | vativ | e Se | curi | ties Ac | quired | , Dis | sposed o | f, or Be | nefici | ally Owne | d | | | |
| Dat | | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | d (A) or r. 3, 4 an | Benefic Owned | es ially Following | Form: | Direct Indirect I | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | Instr. 4) |
| Common Stock | | | | | 02/22/2017 | | 02/22/2017 | | X | | 10,000 |) A | \$13. | 74 42 | 42,220 | | D | |
| Common Stock | | | | 02/22/2017 | | 7 | 02/22/2017 | | S | | 10,000 | D | \$21. | 85 32 | 32,220 | | D | |
| Common Stock | | | | | | | | | | | | | | | 0 | | I | Restricted Stock Award |
| Common Stock | | | | | | | | | | | | | | 2 | 2,761 | | I | Restricted Stock Award |
| | | - | Table II - | | | | | | | | osed of, convertil | | | ly Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transactio Code (Inst 8) | | 5. Number of | | 6. Date E Expiratio (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | ve es ially ng d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amour or Number of Shares | er | | | | |
| Stock Options (Right to Buy) | \$13.74 | 02/22/2017 | 02/22/2 | 2017 | х | | | 10,000 | 05/01/20 | 008 | 05/01/2017 | Common Stock | 10,00 | 0 \$0 | 0 | | D | |

Explanation of Responses:

Remarks:

The original Form 4 filing erroneously omitted the sale transaction of a same day exercise and sell transaction. A Form 144 was completed indicating the sale transaction at the time of the original filing.

/s/ OMER S.J. WILLIAMS

03/23/2017

** 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.