FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	OF CHANGES	IN BENEFICIAL	. OWNERSHIP

l	OMB APPRO	DVAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

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*					2. Issuer Name and Ticker or Trading Symbol BRIDGE BANCORP INC [BDGE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Rubin Daniel															X	Director		10% C	wner	
,						Date of Earliest Transaction (Month/Day/Year)									Officer (give title			Other	(specify	
(Last)	(Fi	rst) (Middle)				of Earlie <mark>2015</mark>	st Trans	action (iv	iontn/	Day/Year)					belov	v) `	below)		
2200 MC	NTAUK H	IGHWAY			100/	231	2015													
2200 MONTHON HIGHWAY				4 15											idual a	r loint/Croup	Filing (Chook A	nnliaahla		
·					. 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									. maiv ine)	iuuai 0	i John/Group	Filing (Check A	philicapie	
(Street)	II A A ADECOA	T NIX7	44000												X					
BRIDGEHAMPTON NY 11932													Form filed by More than One Reporting							
																Pers				
(City)	(St	ate) (Zip)																	
		Tab	e I - No	n-Deriv	ative	Se	curitie	es Acc	quired,	Dis	posed o	of, o	r Bene	ficia	ally (Owne	ed			
1 Title of C	Contribut (Inct			2. Transa		_			3.		-						ount of	6. Ownership	7. Nature	
I. Title of S	Security (Inst	1. 3)		Date			2A. Deemed Execution Date,	Transaction		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			3, 4 an	4 and 5) Secu		rities	Form: Direct	of Indirect		
				(Month/D	ay/Yea		if any (Month/D	av/Year)	Code (Instr. 8)								ficially ed Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
												(4) an		Т		Reported	ted			
									Code	V	Amount		(A) or (D)	Pric	e	Transaction(s) (Instr. 3 and 4)				
Common			06/29/2015					A		858.6238 ⁽¹⁾		A	\$	3 <mark>0</mark>	14,9)25.6238	D			
Common																1	2,943	I	By IRA	
						T									T				As	
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																	Trustee			
Common															12,166		I	of		
																	Estates			
																	Lotates			
		Ta	ıble II -	Derivat	ive S	eci	urities	Acqu	ired, D	ispo	sed of,	or E	Benefi	ciall	y Ov	vned				
				(e.g., p	uts, c	all	s, warı	ants,	option	s, c	onvertib	ole s	ecurit	ies)						
1. Title of	2.	3. Transaction	3A. Deen	ned	4.		5. NI	ımber	6. Date E	xercis	sable and	7. T	itle and		8. Pr	ice of	9. Number of	f 10.	11. Nature	
Derivative	Conversion	Date (Month/Day/Year)	Executio	n Date,	Transa		ion of		Expiration		e Aı		Amount of			ative	derivative	Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of		if any (Month/D	ay/Year)	Code (8)	inst		vative Irities	(Month/E	ayı re	ar)		Securities Underlying		Secu (Inst			Form: Direct (D)	Beneficial Ownership	
Derivative					•	Acquired					Derivative]` ′		Owned	or Indirect	(Instr. 4)		
Security						(A) or Disposed of (D)							Security (Instr. and 4)				Following Reported	(I) (Instr. 4)		
												1					Transaction((s)		
					(Instr. 3, 4 and 5)									(Instr. 4)						
				ŀ		Г	_	\Box		Т		\vdash	Δm	nunt	1					
										Amount or										
									Date		Expiration		Nun	ber	er					
				Code					Exercisable Date		Title		res							

Explanation of Responses:

1. Represents a restricted stock unit award. This award vest 11 months from the date of grant.

Remarks:

/s/ Daniel Rubin

07/01/2015

** 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.