FORM 4

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

| Washington, [ | D.C. 20549 |
|---------------|------------|
|---------------|------------|

| STATEMENT | OF CHANGE | S IN BENEFICIAL | OWNERSHIP |
|-----------|-----------|-----------------|-----------|
|           |           |                 |           |

OMB APPROVAL OMB Number: Estimated average burden 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*  SUSKIND DENNIS A |   |  |   |  |   | 2. Issuer Name and Ticker or Trading Symbol BRIDGE BANCORP INC [ BDGE ]  |   |      |   |                 |               |                 |  |  |  |      | tionship<br>all appli<br>Directo                              | icable)  | ng Per                         | rson(s) to Iss   |  |
|--|---|--|---|--|---|--|---|------|---|-----------------|---------------|-----------------|--|--|--|------|---|--|--------------------------------|--|--|
| (Last)<br>2200 MC<br>P.O. BO                               | NTAUK H   | ,  | (Middle)                                      |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2008 |  |   |      |   |                 |               |                 | 23   |  | r (give title                          |      | Other (below)   |  |                                |  |  |
| (Street) BRIDGEHAMPTON NY 11932                            |   |  |   |  | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filin Line)  X Form filed by One Rep Form filed by More that Person |   |      |   |                 |               |                 |  |  |  |      | orting Perso  | on   |                                |  |  |
| (City)   | (S  | tate)                                      | (Zip)   |  |   |  |   |      |   |                 |               |                 |  |  |  |      |   |  |                                |  |  |
|  |   | Tab  | le I - Noi                                    | n-Deriv                                    | ative   | Se   | curiti  | es A | cqu   | uired,          | Disp          | osed            | of, o  | r Ben                                    | eficia                                 | ally | Owne  | d  |                                |  |  |
| Da   |   |  | Date  | 2. Transaction<br>Date<br>(Month/Day/Year) |   |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |      |   | Code (Instr.    |               |                 |  |  |  |      | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |  | n: Direct                      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |  |
|  |   |  |   |  |   |  | Code  | v    | Amount  | :               | (A) or<br>(D) | Price           |  | Reported Transaction(s) (Instr. 3 and 4) |  |      |   | (Instr. 4)   |                                |  |  |
| Common   |   |  |   |  |   |  |   |      |   |                 |               |                 |  |  |  |      | 75  | ,600   |                                | D  |  |
| Common   |   |  |   | 12/16                                      | 2/16/2008   |  |   |      |   | P               |               | 200             | )  | A  | \$19                                   | 0.6  | 10,169  |  | I                              |  | Daughter<br>1  |
| Common 1   |   |  |   | 12/16                                      | 6/2008  |  |   |      |   | P               |               | 100             | )  | A  | A \$19                                 |      | 6 9,144   |  |                                | I  | Daughter<br>2  |
|  |   | 7  | able II -                                     | Derivat<br>(e.g., p                        |   |  |   |      |   |                 |               |                 |  |  |  |      | wned  |  | ,                              |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,                                      | 4.<br>Transactio<br>Code (Instr<br>8)                       |  | 5. Number<br>n of   |      | 6. Date Exercisal<br>Expiration Date<br>(Month/Day/Year |                 |               |                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |  |  | De   | Price of rivative curity str. 5)                              | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly Ov<br>Fo<br>Di<br>or<br>(I) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |   |  | Code  | v  | (A)   | (D)  | Dat   | te<br>ercisable |               | piration<br>ate | Title  | N<br>O                                   | Amount<br>or<br>lumber<br>of<br>Shares |      |   |  |                                |  |  |
| Stock<br>Options   | (1)   |  |   |  |   |  |   |      |   | (1)             |               | (1)             | Com  | mon                                      | 975                                    |      |   | 975  |                                | D  |  |

**Explanation of Responses:** 

1. Various

Remarks:

/s/ Dennis A. Suskind

12/17/2008

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.