FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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/ashington.	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

hours per response

Term 3 Holdings Reported

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X Form 4	Transactions F	Reported.	File	ed pursuant to or Sectior					ities Excha										
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol DIME COMMUNITY BANCSHARES						'C	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
KING TIMOTHY B			- II.			JINII	Y BA	ANCSH	AKE	<u>v</u>	Director 10% Owner								
				INC [DCOM]								Х	X Officer (give title Other (s below)				(specify		
(Last) (First) (Middle)					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)						/Year)	EXECUTIVE VICE PRESIDENT							
209 HAV	EMEYER :	STREET		12/31/20	13														
(Stroot)				4. If Amen	dment	, Date	of Orig	jinal File	ed (Month/I	Day/Yea	ar)	6. Inc		r Joint/Gro	up Fili	ng (Check	Applicable		
(Street) BROOKI	LYN NY	Y 1	1211									,		n filed by O	ne Re	porting Per	son		
												Form filed by More than One Reporting							
(City)	(St	ate) (2	Zip)										Pers	on					
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed	of, or	Benefic	cially	y Owne	ed					
, , , , , , , , , , , , , , , , , , ,		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				ed	5. Amount of Securities Beneficially		6. Ownership Form: Direct	ership II I: Direct E	7. Nature of Indirect Beneficial			
			(Month/Day/1	Month/Day/Year)		8)		it	(A) or Price			Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)			
Common	Stock		12/31/2013(1)	03/18/2014		J4		781		A	\$16.9	.92 5		,167		I E	Esop		
Common Stock													116,846		D				
Common	Stock										0			I 4	01(k) Plan				
Common	Stock														46,	46,308		I E	Bmp
Common	Stock											0 I		I (Other				
													Restricted						
Common Stock												12,328		I		stock			
																F	Awards		
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									Owned						
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	Expiration Date (Month/Day/Year) S			Amo Secu Und Deri	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exer	cisable	Expiration Date	n Title	or Numbe of Shares								

Explanation of Responses:

1. Amount represents annual allocation of shares under the Employee Stock Ownership Plan of Dime Community Bancshares, Inc. While the aggregate allocation for all employees is completed and deemed effective as of December 31, 2013, the breakout of the aggregate allocation by active participant (including the Section 16 reporting person) is not completed until late March of each year.

/s/ TIMOTHY B. KING

03/27/2014

** 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.