SEC Form 4	
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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
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPRC	VAL
OMB Number:	3235-0287
Estimated average burde	en
hours per response:	0.5

1. Name and Address of Reporting Person [*] <u>KING TIMOTHY B</u>		n*	2. Issuer Name and Ticker or Trading Symbol <u>DIME COMMUNITY BANCSHARES</u> <u>INC</u> [DCOM]		tionship of Reporting Perso all applicable) Director Officer (give title	10% Owner Other (specify below)	
(Last) 209 HAVEMEY	ast) (First) (Middle) 09 HAVEMEYER STREET		3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015		below) EXECUTIVE VICE PI		
(Street) BROOKLYN (City)	NY (State)	11211 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing (Form filed by One Report Form filed by More than (Person	ting Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code V		Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	12/31/2015(1)	12/31/2015(1)	A		828	Α	\$17.49	57,775	I	Esop	
Common Stock	12/31/2015(2)	12/31/2015 ⁽²⁾	A		903	A	\$17.49	48,703	I	Bmp	
Common Stock								106,796	D		
Common Stock								0	I	401(k) Plan	
Common Stock								0	I	Other	
Common Stock								9,979	Ι	Restricted Stock Awards	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(e.y., p	uts, c	ans,	vvaii	ants,	options, c	Junventin	ie seu	unitesj				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Allocation of earned shares during the year ended December 31, 2015 in the Company's qualified Employee Stock Ownership Plan. While the allocation is deemed effective as of December 31, 2015, the amount of shares allocated was not fully determined until on or about March 31, 2016.

2. Allocation of earned shares during the year ended December 31, 2015 in the Company's non-qualified Benefit Maintenance Plan. While the allocation is deemed effective as of December 31, 2015, the amount of shares allocated was not fully determined until on or about March 31, 2016.

<u>/s/ TIMOTHY B. KING</u>

** Signature of Reporting Person

04/04/2016 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.