FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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* <u>SHEIN JEFFRIES</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol MIDDLESEX WATER CO [MSEX] | | | | | | | | 5. Relationship of Repor (Check all applicable) X Director | | | rting Pe | . , | Issuer Owner |
|---|--|--|------|----------|--|---|--------|--|----------|--------------------|---|---|--------------------|--|---|--|---|---------------------------------------|---|
| (Last) |) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2004 | | | | | | | | Officer (give title below) | | | le | Othe belo | er (specify w) |
| | Street) HOLMDEL NJ 07733-1843 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | on Deriv | ative | Sac | uritic | νε Λ <i>α</i> | nuire/ | 1 Di | enosad o | f or B | enefic | ially | Owne | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | tion | DN 2A. Deemed Execution Date, Year) if any | | | 3. 4. Se | | 4. Securities Disposed O | ecurities Acquired (A) or osed Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | v | Amount | (A) or (D) | Price | 1 | | orted nsaction(s) tr. 3 and 4) | | | (Instr. 4) | | | | |
| Common | Stock (Divi | | | | | | | | | | | 124, | 692 | | D | | | | |
| Common | | | | | | | | | | | 131, | 368 | | | See Explanation | | | | |
| Common Stock (Street Account) 08/03/20 | | | | | | 004 | | | A | | 2,500 | A | \$17.4 | 48 | 0 | | I | | See Explanation |
| Common Stock (Dividend Reinvestment) | | | | | | | | | | | | | | 38,400 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number | | Der Sec (Ins | 8. Price of Derivative Security (Instr. 5) Beneficia Owned Following Reported Transacti (Instr. 4) | | e Ownershi Form: Direct (D) or Indirec g (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | |
| | | | | Code | V (A) (D) | | | Date Exercisable | | Expiration Date | of Title Shares | | | | | | | | |

Explanation of Responses:

Remarks:

Has voting power over various family trusts, charitable foundations, and an estate of a decedent.

/s/Ronald F. Williams, Power of Attorney for Jeffries Shein

08/16/2004

** 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.