| 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. <i>See</i> |
|---|--|
| | 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 APPF | ROVAL |
|----------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bu | ırden |
| hours por rosponso: | 0.5 |

| | ddress of Reporting | Person* | 2. Issuer Name and Ticker or Trading Symbol MIDDLESEX WATER CO | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--------------------|---------------------|----------|--|---|--|--|--|--|--|
| Ginegaw | <u>Lorrie Beth</u> | | | Director 10% Owner | | | | | |
| | | | | X Officer (give title Other (specify below) | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | , | | | | | |
| 485C ROUTE 1 SOUTH | | | 04/01/2019 | VP-Human Resources | | | | | |
| SUITE 400 | | | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | Line) | | | | | |
| ISELIN | NJ | 08830 | | X Form filed by One Reporting Person | | | | | |
| | 110 | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | | | | | | | |

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) | Transaction Code (Instr. | | | | | 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 (Restricted Stock Book Entry) | 04/01/2019 | | J | | 848 | A | \$55.99 | 7,293 | D | |
| Common Stock (Book Entry) | | | | | | | | 2,239 | D | |
| Common Stock (DRP) | | | | | | | | 395 | D | |

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

| (e.g., puls, cans, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--------|--|-----|---|---------------------|-------------------------------------|-------|--|--|-----------------|--|-------------------------------------|--|-----------------|--|-----------|--|---|--|--|--|
| 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) | Code (| Transaction of Code (Instr. Derivative | | Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | Expiration Date (Month/Day/Year) | | Expiration Date | | Expiration Date | | Expiration Date (Month/Day/Year) | | Expiration Date | | Amount of | | Amount of Derivative Securities Security Underlying (Instr. 5) Derivative Security (Instr. 3) | | 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:

s/Jay L. Kooper, Power of Attorney for Lorrie B. **Ginegaw**

04/02/2019

** 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.

| OMB APPF | ROVAL | | | | | | |
|-----------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
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| hours per response: | 0.5 | | | | | | |