FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response.								

				uired, Disposed of, o, options, convertibl 6. Date Exercisable and Expiration Date (Month/Day/Year)					8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
Commo	ommon Stock (Street Account)										\top		155			D		
Commo	n Stock (DR	IP)												520			D	
37	n Stock (Bo	ok Entry)												3,694			D	
Common Entry)	n Stock (Res	stricted Stock B	ook	04/01/2	.022			J		618	A	\$103	5.17	`	,426		D	
		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit Disposed 55 5)			(A) or	str. 3, 4 a	4 and Securi Benefi Owner Repor Transa		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			e I - No			_			, Dis	posed of	-							
(City)	(Si	tate)	(Zip)											Perso			·	-
(Street) ISELIN	N.	J	08830					_			ŕ		ine) X		filed by One		•	
SUITE					4. If <i>i</i>	Amendı	ment, Date of	of Origin	al File	ed (Month/Da	ıy/Year)	6	. Indiv	ridual or	Joint/Grou	p Filin	g (Check A	Applicable
(Last)	(Fi OUTE 1 SO	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2022							\dashv	X	Officer (give title below) VP-Human		Other (s below) n Resources		pecify
			n*						_	,	ζ]			all app Direc	licable) tor	ng Per	10% O	wner
1. Name and Address of Reporting Person* Ginegaw Lorrie Beth				pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol MIDDLESEX WATER CO [MSEX]								all app Direc	ship of Reporting Per pplicable)		10% O	v		

Explanation of Responses:

/s/Jay L. Kooper, Power of Attorney for Lorrie B. <u>Ginegaw</u>

Number

of Shares

Title

04/05/2022

** Signature of Reporting Person

Expiration Date

Date Exercisable

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.

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