FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average I | ourden | | | | | | | |

0.5

hours per response:

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>Risoldi Richard M</u> | | | 2. Issuer Name and Ticker or Trading Symbol MIDDLESEX WATER CO [MSEX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|----------------------------|----------------|---|----------------|---|--|--|--|-----|---|--|--|---|--|---|---|--|
| (Last) | (First) (Middle) HLI DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2006 | | | | | | | | X | Offic below | er (give title Other (sp v) Vice President | | |
| (Street) HAMILTON SQUARE (City) (State) (Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriva | tive S | ecuri | ties Ac | quired, | Dis | posed o | f, or | Bene | ficially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Tr | | | Date | 2. Transaction | | 2A. Deemed Execution Date, | 3. 4. Securi Transaction Dispose Code (Instr. 5) | | | | | | Securi Benefi Owned | nount of Irities Eficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | v | Amount (A) or (D) | | Price | | ted action(s) 3 and 4) | | (Instr. 4) | |
| Common | Stock (Res | tricted Stock) | | | | | | | | | | | | | 3,583 | D ⁽¹⁾ | |
| Common Stock | | | | | | | | | | | | | | 2,400 | D ⁽¹⁾ | | |
| Common Stock (Dividend Reinvestment) 0 | | | 01/03/2 | 2006 | | | A | | 8 | | Α : | \$17.71 | 2,531 | | D ⁽²⁾ | | |
| Common Stock (Dividend Reinvestment) 01/03 | | | 01/03/2 | 2006 | | | A | | 3 | | A : | \$17.71 | | 114 | I | Custodial Account for Daughter Angela Marie Risoldi | |
| Common Stock (Dividend Reinvestment) 01/03/2 | | | | 2006 | | | A | | 3 | | A S | \$17.71 | | 340 | I | Custodial Account for Son Andrew Joseph Risoldi | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Conversion Date 3A. Deemed Execution Date, Tr. | | | ransacti | 5. Number (| | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | r) 7. Title and Amount of Securities Underlying Derivative Security (In and 4) | | le and unt of rities erlying rative rity (Inst | 8. F Der Sec (Ins | Price of rivative derivative Securitys Str. 5) Beneficially Owned Following Reported Transactior (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | of Respons | | | | Code V | (A |) (D) | Date Exercisa | | Expiration Date | Title | Numl of Share | | | | | |

- 1. Correction to reflect proper allocation to each respective account. Such correction does not change the total number of shares held in both accounts.
- 2. Total number of shares reported last month should have been 2,523 (not 2,530). This represents a correction to that amount.

/s/ Kenneth J. Quinn, Power of Attorney for Richard M. 01/04/2006 Risoldi

** 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.