

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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>HOGLUND ROBERT N</u> <hr/> (Last) (First) (Middle) <u>485-C ROUTE 1 SOUTH, SUITE 400</u> <hr/> (Street) <u>ISELIN NJ 08830</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>01/01/2026</u>	3. Issuer Name and Ticker or Trading Symbol <u>MIDDLESEX WATER CO [ MSEX ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
---------------------------------	---	--	---

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

**Explanation of Responses:**

**Remarks:**

Director of Middlesex Water Company effective January 1, 2026. Attachment: Power of Attorney.

No securities are beneficially owned.

/s/Jay L. Kooper, Power of Attorney for Robert N. Hoglund      01/02/2026

\*\* 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 5 (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.

POWER OF ATTORNEY

This Power of Attorney is made on December 19, 2025.

I, Robert N. Hoglund, as a member of the Board of Directors of Middlesex Water Company effective January 1, 2026, hereby appoint Jay L. Kooper, Vice President, General Counsel & Secretary of Middlesex Water Company as Attorney-in-Fact on my behalf to apply for the access codes on Form ID and to act as account administrator in addition to preparing, signing and filing Section 16 Forms with respect to those transactions required to be reported, including but not limited to, change in ownership of any equity security, under Section 403 of the Sarbanes-Oxley Act of 2002 as the same amends Section 16 (a) of the Securities Exchange Act of 1934. I further authorize my Attorney-in-Fact to do any and all things necessary on my behalf to accomplish the foregoing in order that Section 16 Filings may be filed timely in accordance with the provisions of the Securities Exchange Act of 1934, as the same may be amended from time to time.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the undersigned, or lapse of time.

By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.

Witness:

/s/Lorrie B. Ginegaw

/s/Robert N. Hoglund

\_\_\_\_\_  
Lorrie B. Ginegaw

\_\_\_\_\_  
Robert N. Hoglund

State of New Jersey  
County of Middlesex

I certify that on December 19, 2025, Robert N. Hoglund came before me and stated to my satisfaction that this person:

- (a) was the maker of the above instrument, and
- (b) executed this instrument as his/her own act.

/s/Janine Y. Bauer

Janine Y. Bauer

Notary Public, State of NJ

ID #2186835

My Commission Expires 03/01/2026