FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

hours per response: 0.5

| Name and Address of Reporting Person* SULLIVAN DENNIS G | | | | 2. Issuer Name and Ticker or Trading Symbol MIDDLESEX WATER CO [MSEX] | | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|---|-------------|-----------------|--|---|--|---|--|-------|------------------------------------|-------|---------------------|---|--------------------|--|---|-------------------------------|---|--|---|--|
| (Last) (First) (Middle) MIDDLESEX WATER CO PO BOX 1500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2003 | | | | | | | | | X Officer (give title Other (specify below) President | | | | | |
| (Street) ISELIN NJ 08830 (City) (State) (Zip) | | | | 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 | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Se | ecuritie | s Ac | quired, | Dis | posed o | f, o | r Ben | efici | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | | 1 | 2. Transa Date (Month/D | | r) | 2A. Deemed Execution Date if any (Month/Day/Yea | Date, | 3. Transaction Code (Instr. | | | | (A) oı . 3, 4 a | r ind | 5. Amount of Securities Beneficially Owned Following | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial Ownership | | |
| | | | | | | Code | | v | Amount | | (A) or (D) Pr | | e | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common | Stock (Rest | tricted Stock) | | 08/21/ | 2003 | | | | A | | 1,500 | | D | \$24 | 1.85 | 4 | 4,500 | D | | |
| Common | Stock | | | 08/21/ | 2003 | | | | A | | 1,500 | | A | \$24 | 4.85 | 2 | 2,450 | D | | |
| Common | Stock (Divi | idend Reinvestm | ent) | | | | | | | | | | | | | - | L,453 | D ⁽¹⁾ | | |
| Common | Stock (Divi | idend Reinvestm | ent) | | | | | | | | | | | | | | 228 | I | Custodial Account for Son - Dennis J. Sullivan | |
| Common Stock (Dividend Reinvestment) | | | | | | | | | | | | | | | | | 220 | I | Custodial Account for Daughter - Christina H. Sullivan | |
| | | Та | ble II - D (e | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | | 3A. Deeme Execution if any (Month/Day | ned 4. In Date, Transa Code (| | ctio | 5. Number tion of | | 6. Date E Expiratio (Month/D | n Dat | е | Amount of Securities Underlying Derivative Security (Instraand 4) | | nstr. 3 | Deri | ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) | |
| | | | | , | Code V | | (A) (D) | | Date Exercisa | | Expiration Date | of | | mber ares | | | | | | |

Explanation of Responses:

1. Joint Account with Spouse Mary G. Sullivan

/s/ M. F. Reynolds, Power of Attorney for Dennis G.

08/21/2003

Sullivan

** 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.