FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* REINHARD WALTER G | | | | 2. Issuer Name and Ticker or Trading Symbol MIDDLESEX WATER CO [MSEX] | | | | | | | | | Check a | | icable) | , | | | | |
|---|--|---------|-----------|---|---|---|--|--|--|----------------|---|----------------------|----------------|--|---|---|---|-----------------|--|--|
| | (Fii | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/05/2004 | | | | | | | | | Officer below) | r (give title) | Other (specify below) | | | |
| PO BOX 1500 | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) ISELIN | NJ | C | 08830 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | า-Deriv | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, or | Ben | efici | ally O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Transaction Disposed Code (Instr. | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | and 5) Secui Bene | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | unt (A) or (D) | | Price | 1 | Transaction(s) (Instr. 3 and 4) | | | | (11341.4) | | |
| Common Stock | | | | | | | | | | | | | | 81 | | D | | | | |
| Common Stock (Dividend Reinvestment) 01/05/2 | | | | /2004 | 2004 | | A | | 19 | A \$2 | | \$20 | .597 | 1,403 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | Date, | | Transaction of Code (Instr. Derivativ | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Pric Deriva Securi (Instr. | tive deriv ity Secu 5) Bene Own Follo Repo | 9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form Direct or Ind (I) (Ins | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | ount mber ares | | | | | | |

Explanation of Responses:

Remarks:

All shares adjusted for 4-for-3 stock split, effective November 14, 2003.

/s/ M.F. Reynolds, Power of

Attorney for Walter G.

Reinhard

** Signature of Reporting Person

01/05/2004

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.