FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | | 00540 |
|-------------|------|-------|
| Vashington, | D.C. | 20549 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response | : 0.5 | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* Cosgrove James F. Jr. | | | | | 2. Issuer Name and Ticker or Trading Symbol MIDDLESEX WATER CO [MSEX] | | | | | | | | | | all app | licable) tor | ng Person(s) to I | |)wner | |
|---|--|---------|-------|-----------|---|---|--------|-------------------------------------|---------------|------------------------------|---|----------------|--|--|-----------------------------------|-------------------------|---|---|---------|--|
| (Last) (First) (Middle) 485C ROUTE 1 SOUTH | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2022 | | | | | | | | | belov | er (give title v) | | Other (below) | specify | |
| SUITE 400 | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) ISELIN | NJ | 0 | 8830 | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - N | on-Deriva | tive | Secui | rities | Ac | quire | d, Di | sposed of | f, or B | enefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | Execution Date, | | · | | | 4. Securities Disposed Of | | | and 5) Securi Benefi | | cially I Following | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | action(s) . 3 and 4) | | | | |
| Common Stock (Held in Street Name) | | | | | | | | | | | | | 8 | | 8,185 | | D | | | |
| Common Stock (Book) 04/01/202 | | | | | 22 | | | A | | 333 | A | \$105 . | \$105.17 ⁽¹⁾ | | 333 | | 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) | erivative Conversion Date Execution Date, Transcription or Exercise (Month/Day/Year) if any | | | | Transa Code | saction le (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Der Sec (Ins | Price of ivative curity str. 5) | tive derivative ity Securities | | 0. Dwnership orm: Direct (D) r Indirect) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. The price was determined on close of business as of on March 31, 2022 in accordance with the provision of the Issuer's Outside Director Stock Compensation Plan

/s/Jay L. Kooper, Power of

Attorney for James F. 04/05/2022

Cosgrove, Jr.

** 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.