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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1 | ddress of Reporting | Person [*] | 2. Issuer Name and Ticker or Trading Symbol <u>MIDDLESEX WATER CO</u> [MSEX] | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) | | |
|----------------------|---------------------|---------------------|--|--------------------|---|-----------|--|
| <u>Mansue Amy B.</u> | | | | | Director | 10% Owner | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/04/2013 | | Officer (give title Other (spe below) below) | | |
| 1500 RONS | ON ROAD | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi Line) | 6. Individual or Joint/Group Filing (Check Applicat Line) | | |
| (Street) | NJ | 08830 | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| | INJ | 00000 | | | | | |
| (City) | (State) | (Zip) | | | Feison | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | | | , | , | | | | | |
|---------------------------------|--|---|--------|---|------------------------------|---------------|-------------------------------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | |
| Common Stock (Street Name) | | | | | | | | 400 | D | |
| Common Stock (Book - ODSCP) | 06/03/2013 | | A | | 776 | A | \$19.32 ⁽¹⁾ | 2,138 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---|--|--------------------|-------------------------|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The price was determined as of May 31, 2013 in accordance with the provision of the Issuer's Outside Director Stock Compensation Plan

| s/Kenneth J. Quinn, Power of |
|------------------------------|
| Attorney for Amy B. Mansue |

Date

06/04/2013

** Signature of Reporting Person

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.