FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

			_
ashington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor resnance.	0.5								

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

1. Name and Address of Reporting Person* HOLCOMBE GREGORY F						2. Issuer Name and Ticker or Trading Symbol Orange County Bancorp, Inc. /DE/ [OBT]								Relationship neck all appli X Directo	ting Person(s) to Issuer 10% Owner				
(Last)	,	,	(Middle)			ate of 15/20		st Trar	saction (Mont	h/Day/Year)			Officer below)	bel		Othe belov	r (specify w)	
212 DOI	LSON AVE	NUE			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MIDDLI	ETOWN N	Y :	10940												iled by N		orting Pe n One Re		
(City) (State) (Zip)				Rι	Rule 10b5-1(c) Transaction Indication														
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tabl	e I - No	on-Deriv	/ative	Sec	uritie	es Ac	quired	l, Di	sposed (of, or Be	neficia	lly Owned	t				
Date		2. Transa Date (Month/Da		Execution Date,		Transaction Disposed Of Code (Instr. 5)		es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		Form: Direct In (D) or Indirect B (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock												34,429	(1)(3)	I)				
Common	Stock												7,460				By Foundation		
Common Stock													34,720		į	I	By LLC		
Common Stock												6,02	!7		I	By Trust			
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. Deel Execution if any (Month/I			4. 5. Number 6 Transaction of E Code (Instr. Derivative (I			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			f g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersl Form: Direct (I or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Phantom Stock	(2)	09/15/2023			A		\$29		(2)		(2)	Common Stock	29	\$47.04	\$5,8	393	D		

Explanation of Responses:

- 1. Includes restricted stock units which vest 100% as of the date of grant and are settled in shares of Issuer common stock upon separation from service of the reporting person.
- 2. Each share of phantom stock is the economic equivalent of one share of common stock and becomes payable upon the reporting person's separation of service as a director.
- 3. Restricted stock units which vest 100% on August 8, 2024 and are settle in shares of Issuer common stock upon separation from service of the reporting person.

/s/ Jennifer Staub, pursuant to power of attorney

09/18/2023

** 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.