FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

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

Name and Address of Reporting Person* Listner Michael			2. Issuer Name and Ticker or Trading Symbol Orange County Bancorp, Inc. /DE/ [OBT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specifications)					vner		
(Last) 212 DOI	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/03/2024							X		below) SVP ar		below)	вреспу	
(Street) MIDDLETOWN NY 10940				4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip) 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 intersatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to										
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution			on Date, Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			, 4 and Securit Benefic Owned		es ially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) c	Pric	e		orted saction(s) tr. 3 and 4)			(Instr. 4)	
Common Stock 05/03/2			2024	4 S 264 D \$50 3,781 ⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾		1)(2)(3)(4)(5)		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, ecurity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) of Dispo	rivative curities quired or spoosed (D) str. 3, 4		ion Da	te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	r					

Explanation of Responses:

- 1. Includes shares of restricted stock which vest at a rate of 1/3 per year commencing on February 15, 2022.
- 2. Includes restricted stock units which vest at a rate of 1/3 per year commencing on September 21, 2022.
- $3.\ Includes\ restricted\ stock\ units\ which\ vest\ at\ a\ rate\ of\ 1/3\ per\ year\ commencing\ on\ February\ 15,\ 2023.$
- 4. Includes restricted stock units which vest at a rate of 1/3 per year commencing on March 11, 2024
- 5. Includes restricted stock units which vest at a rate of 1/3 per year commencing on March 21, 2025

/s/ Jennifer Staub, pursuant to power of attorney

05/07/2024

Date

** 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.