FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3235-OMB Number: 0104 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Estimated average burden **SECURITIES** hours per response: 0.5

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* Metzger Susan G	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/04/2021 3. Issuer Name and Ticker or Trading Symbol Orange County Bancorp, Inc. /DE/ [OBT]								
(Last) (First) (Middle) 212 DOLSON AVENUE			4. Relationship of Reporting I Issuer (Check all applicable) X Director		10% C	Person(s) to 10% Owner		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line)		
(Street) MIDDLETOWN NY 10940 (City) (State) (Zip)			Officer title be		Other below)	(specify	X	Form filed I Person	by One Reporting	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				Amount of Securities neficially Owned (Instr. (D) or Indire (I) (Instr. 5)		Direct ndirect	ct Ownership (Instr. 5)			
Common Stock			4,598							
Common Stock			2,500		By IRA					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	Expiration Da	. Date Exercisable and xpiration Date Month/Day/Year)		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)				ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Amount Derivativ Security Number of		or Indirect (I) (Instr. 5)	3)	

Explanation of Responses:

/s/ Benjamin Azoff, pursuant to Power of

** Signature of Reporting Person

Date

08/04/2021

OMB APPROVAL

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 5 (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.