FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20 | 0549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | iue. See | | Filed | | | | | | | ies Exchang mpany Act o | | 1934 | | hours | per re | sponse: | 0.5 |
|--|--|----------|-----------------|--|---|------|--|-----------------|---|---|---|--|---|--|--|---------------------------------|------------|-----|
| Name and Address of Reporting Person* Listner Michael | | | | 2. Issuer Name and Ticker or Trading Symbol Orange County Bancorp, Inc. /DE/ [OBT] | | | | | | | | Relationshi Check all app Direc | rson(s) to Is | | | | | |
| (Last) 212 DOI | (Last) (First) (Middle) 212 DOLSON AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2023 | | | | | | | | | Officer (give title below) SVP ar | | Other (spec below) ad CCO | | |
| (Street) MIDDLETOWN NY 10940 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) X Form Form | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a corsatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruct | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acc | uired | , Dis | posed of | , or B | enefic | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | Transaction Disposed C Code (Instr. 5) | | es Acquired (A) Of (D) (Instr. 3, 4 | | nd Securi | ities For icially (D) d Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | rsaction(s) tr. 3 and 4) | | | (Instr. 4) | |
| Common | Common Stock 09/21/ | | | 09/21/2 | 2023 | | F | | 120 | D | \$44. | 25 2,839 ⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾ | | | 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, or Exercise (Month/Day/Year) if any | | ion Date, | | Transaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | | or Number of Shares | | | | | | |

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

/s/ Jennifer Staub, pursuant to power of attorney

09/25/2023

** 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.