FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| | OMB APPROVAL | | | | | | | | | |
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| | OMB Number: 3235-0 | | | | | | | | | |
| | Estimated average burden hours per response: 0.5 | | | | | | | | | |
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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* Lesler Michael (Last) (First) (Middle) 212 DOLSON AVENUE | | | | | | 2. Issuer Name and Ticker or Trading Symbol Orange County Bancorp, Inc. /DE/ [OBT] 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2023 | | | | | | | | | k all app Direc Office below | licable) tor er (give title /) | 10% O | | Owner (specify | |
|--|---|--|--|---------------------------------|---|---|-------------------|---------------|------------|---|---|--------|--|----------------------------|---|---|--|--|-------------------|--|
| (Street) | ETOWN N | Y 1 | 0940 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) X | Form Form Perso | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| I I I I I I I I I I I I I I I I I I I | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispo | | Disposed C | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | ies cially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) (D) | Pri | се | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock | | | 03/10/2023 | | | | A | | 1,130(2) | A | \$(| 0.00 | 00 2,130(1) | | D | | | | | |
| Common Stock | | | | | | | | | | | | | | 5 | 58(3) | | | By 401(k) | | |
| Common Stock | | | | | | | | | | | Τ | \top | | 1 | ,000 | | I | By IRA | | |
| 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) | if any | emed ion Date, /Day/Year) | | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Da | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount or Numb of Share | | ıt r | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Includes restricted stock units which vest at a rate of 1/3 per year commencing on December 23, 2023.
- 2. Restricted stock units which vest at a rate of 1/3 per year commencing on March 11, 2024
- 3. Reflects transactions not required to be reported pursuant to Section 16 of the Securities Exchange Act of 1934, as amended.

/s/ Jennifer Staub, pursuant to power of attorney

** Signature of Reporting Person Date

03/14/2023

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.