FORM 4

UNITED STATE

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

See III	struction 10.																			
1. Name ar		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)									
HOLCOMBE GREGORY F															✓ Director			Own		
(Last) (First) (Middle) 212 DOLSON AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025									Officer (give title Other (specify below)					ecity
	BOTT TTE	TTO E			4 If	Amen	dment	Date	of Origin	al File	ed (Month/D	av/Year)		6 Ir	ndividual or	Joint/Gro	oup Filin	a (Check	(Ann	licable
(Street)						,		., 2010	o. og		(ay, . 5a.,		Line	e)		•	•		
MIDDLI	ETOWN N	Y	10940											L		iled by N		orting Pe in One R		
(City)	(Si	tate) ((Zip)												Person	1				
		Tabl	le I - No	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Di	sposed o	of, or B	enefic	cial	ly Owned	t				
1. Title of	Security (Inst	tr. 3)		2. Transac Date (Month/Da		Exec if an			3. Transa Code (8)		4. Securiti Disposed 5)				5. Amount Securities Beneficiall Owned Fol	y	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)		rect Indirect irect Beneficial	
									Code	v	Amount	(A) or (D)	Price)	Reported Transactio (Instr. 3 an					
Common	Stock														34,9800	1)(2)(3)	I)		
Common Stock															7,46	0			By Foundation	
Common Stock															34,7	20	1	I	By	LLC
Common Stock														6,027		I		By	Trust	
		Т	able II								osed of converti				Owned					
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	med on Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Date (Month/Day/Ye		sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Ì	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amou or Numb of Share	ber						
Phantom Stock	(4)	01/02/2025			Α		405		(4)		(4)	Common Stock	40:	5	\$53.98	8,5	542	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. Includes restricted stock units which vested 100% on August 8, 2024 and are settled in shares of Issuer common stock upon separation from service of the reporting person.
- 3. Includes restricted stock units which vest 100% on March 21, 2025 and are settled in shares of Issuer common stock upon separation from service of the reporting person.
- 4. 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.

/s/ Jennifer Staub, pursuant to power of attorney

** Signature of Reporting Person

Date

01/03/2025

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.