FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| STATEMENT | OF CHAN | IGES IN | BENEFICIAL | OWNERSHIP |
|------------------|---------|---------|-------------|-----------|
| OIAILMENT | OI OIIA | .020 | DENE! IOIAL | OTTITLE |

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235 | | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* $\underline{Ruhl\ Joseph\ A}$ | | | | | 2. Issuer Name and Ticker or Trading Symbol Orange County Bancorp, Inc. /DE/ [OBT] | | | | | | | (Chec | k all app Direc | tionship of Reporting all applicable) Director Officer (give title | | rson(s) to Is 10% O Other (s | /ner | | |
|--|--|-------|------------------------------|-----------------|--|---|--|--|---|-------------------|--|--|--|---|--|--|--------|--|--|
| (Last) 212 DOI | (Fir | / | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2022 | | | | | | | X | below | | tches | below) | | |
| (Street) MIDDLI (City) | ETOWN N | | 0940 Zip) | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) | -7 | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | 5. Amou Securiti Benefic Owned Reporte | es Formalially (D) Following (I) (I | | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) Pri | | rice | Transaction(s) (Instr. 3 and 4) | | | | (| | |
| Common Stock 09/2 | | | 09/21/2 | 2022 | | F | | 240 | D | | 39.3 | 12,46 | 5(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) | Perivative Conversion Date Execution Date, lecurity or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | | Expirati (Month/ | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4) Amou or Numb of Title Share: | | De Se (In | Price of privative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Includes shares of restricted stock which vest at a rate of 1/3 per year on February 21, 2021, February 15, 2022 and February 15, 2023.
- 2. Includes shares of restricted stock which vest at a rate of 1/3 per year commencing on February 15, 2022.
- 3. Includes restricted stock units which vest at a rate of 1/3 per year commencing on September 21, 2022.
- 4. Includes restricted stock units which vest at a rate of 1/3 per year commencing on February 15, 2023.

/s/ Jennifer Staub, pursuant to power of attorney

09/23/2022

** 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.