FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

shington,	D.C.	20549		
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wasnington, D.C. 20549	OMB .
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Numbe

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	ourden
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

Name and Address of Reporting Person*     Morrison William D				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)  X Director 10% Owner						
(Last)	(Fi	*	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/21/2024								Off	cer (give title ow)		Other (s below)	specify	
102 WEST BAKER STREET				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															m filed by Or		•	
PLANT	CITY FL	, 3 	3563			Form filed by More than One Reporting Person									orting			
(City)	(St	ate) (Ž	Zip)		Rul	Rule 10b5-1(c) Transaction Indication												
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 and		and Secu Bend Own	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)		Tran	saction(s) r. 3 and 4)			(Instr. 4)	
Common Stock 03/			03/21/	2024		A		551(3)	I	4 \$	0 5	51,373(1)(2)		D				
Common Stock														5,466		I	By IRA	
Common Stock												162			By Roth 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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)		ly G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code		(A)	(D)			Expiration Date	Title	Amount or Number of Shares					

## **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 vest 100% on August 8, 2024 and are settle in shares of Issuer common stock upon separation from service of the reporting person.
- 3. Restricted stock units which vest 100% on March 21, 2025 and are settle in shares of Issuer common stock upon separation from service of the reporting person.

/s/ Jennifer Staub, pursuant to power of attorney

03/25/2024

\*\* 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.