FORM 4

UNITED STATE

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Washington, D.C. 20549

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). See Instruction 10.

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* HOLCOMBE GREGORY F						2. Issuer Name and Ticker or Trading Symbol Orange County Bancorp, Inc. /DE/ [OBT]								Relationship of Reporting Person(s) to Issucheck all applicable) Director 10% Own				
(Last) (First) (Middle) 212 DOLSON AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024								Officer (give title Other (specify below) below)				
(Street) MIDDLETOWN NY 10940 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			3. Transa Code (8)			ties Acquire I Of (D) (Inst		Securities Beneficial	5. Amount of Securities Beneficially Owned Following		Direct I ndirect E r. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 an				
Common	Stock													34,980	(1)(2)(3)	1)	
Common Stock														7,460 I			By Foundation	
Common Stock														34,7	20	I By LLC		By LLC
Common Stock													6,027			I I	By Trust	
		Т	able II									f, or Ber		y Owned				
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)			on Date,		Transaction Code (Instr. 5) S		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Num derivat Securit Benefic Owned Followi Report Transa (Instr. 4	ive ties cially ing ed ction(s)	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
													Amount	1				1

Explanation of Responses:

(4)

Phantom

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.

(A)

\$363

(D)

Exercisable

(4)

- 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

Number

of Shares

363

\$58.51

Expiration

(4)

Date

Title

Common

Stock

10/02/2024

8,103

D

** 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).

10/01/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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.