FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	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* Parker Ava L					2. Issuer Name and Ticker or Trading Symbol Orchid Island Capital, Inc. [ORC]									5. Relationship of Reporting (Check all applicable) X Director				on(s) to Issu 10% Ow	
(Last)	(Fi	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/30/2023									ficer low)			Other (s below)	pecify
10589 VERSAILLES BOULEVARD						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WELLIN	IGTON FI	·	33449											Fo		filed by One Reporting Person filed by More than One Reporting			
(City)	(S	tate)	(Zip)		Rι	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.																	
		Tab	le I - Non-	Deriva	ative	Sec	urities	s Ac	quired, [Disp	osed c	f, or Be	neficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar) E	A. Deemed execution Date, f any Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		nd Securitie Benefici Owned F		es Form ally (D) of Following (I) (II		Direct Control of the	7. Nature of Indirect Beneficial Ownership	
				Code V Amount (A) or (D)				r Price	Trai	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
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)	3A. Deemed Execution Da if any (Month/Day/\)	ate, Ti	4. Transaction Code (Instr. 8)		5. Number of Derivative 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)		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)	
				С	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Deferred Stock Units	(1)	08/30/2023			A		496 ⁽²⁾		(3)		(3)	Common Stock	496	\$9.8	5	31,079		D	

Explanation of Responses:

- 1. Each deferred stock unit represents a right to receive one share of the Issuer's common stock.
- 2. The reported shares represent deferred stock units issued in lieu of the Issuer's monthly dividend pursuant to the reporting person's election.
- 3. The deferred stock units are 100% vested but do not become payable until the earlier to occur of a change of control or the reporting person's death, disability, or separation from service as a director of the

/s/ Ava L. Parker

09/05/2023

** Signature of Reporting Person

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.