FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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

1. Name and Address of Reporting Person*  Haas G Hunter IV  (Last) (First) (Middle)  C/O BIMINI CAPITAL MANAGEMENT, INC.  3305 FLAMINGO DRIVE				2.	3. Da	Susuer Name and Ticker or Trading Symbol Orchid Island Capital, Inc. [ ORC ]      Date of Earliest Transaction (Month/Day/Year)     12/29/2022								cck all applic Director Officer below)	able) r (give title	g Person(s) to Issuer  10% Owner  Other (specify below)  uncial Officer		wner
(Street) VERO BEACH FL 32963  (City) (State) (Zip)				Domi		4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable b)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Date				2. Trans	nsaction 2/ E: th/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Dispose Code (Instr. 5)		4. Securit	ties Acquired (A) or I Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock				12/29	9/2022				Code	v	Amount 812 <sup>(1)</sup>	(A) or (D)	Price	Transacti (Instr. 3 a	ion(s)		D	(111501.4)
Common Stock 12/2				12/2	9/2022				F	F 241 <sup>(2</sup>		D	\$11(3)	35,889			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	Date,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Performance Units	(1)	12/29/2022			M			812.35	(1)		(1)	Common Stock	812.35	\$0	14,89	)5	D	

## **Explanation of Responses:**

- 1. These shares represent 812 shares of the Company's common stock issued upon the vesting of Performance Units awarded to the Reporting Person on March 22, 2021 pursuant to the Issuer's 2012 Long Term Incentive Compensation Plan and 2020 Long Term Equity Incentive Compensation Plan. Cash was paid in lieu of issuing fractional shares based on the closing price of the Company's common stock on September 27, 2022.
- 2. The Reporting Person disposed of these shares of the Company's common stock to the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting of shares.
- $3. \ The \ price \ represents \ the \ closing \ price \ of \ the \ Company's \ common \ stock \ on \ September \ 23, \ 2022.$

01/03/2023 /s/ G. Hunter Haas, IV

\*\* 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.