FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGE	S IN BENEFICIA	L OWNERSHIP
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OMB APPROVAL										
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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* Haas G Hunter IV					2. Issuer Name and Ticker or Trading Symbol Orchid Island Capital, Inc. [ORC]									ck all app	tor	ng Per	10% O	vner	
(Last) (First) (Middle) C/O BIMINI CAPITAL MANAGEMENT, INC. 3305 FLAMINGO DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2021								X	X Officer (give title Other (specify below) Chief Financial Officer						
(Street) VERO B (City)	EACH FL		2963 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3enef	iciall	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5)					Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pı	ice	Transa	saction(s) r. 3 and 4)			(,
Common Stock 06/30/2				021			М		798(1)	A	\$	5.23 ⁽²⁾	13	30,701		D			
Common Stock 06/30/2				2021			F		291 ⁽³⁾	A \$5		5.23 ⁽²⁾	130,410			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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date,			5. Numb of Derivativ Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5)		vative irities ired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Numb of Share						

Explanation of Responses:

- 1. These shares represent 798 shares of the Company's common stock issued upon the vesting of Performance Units awarded to the Reporting Person on April 6, 2018 pursuant to the Issuer's 2012 Long Term Incentive Compensation Plan and 2017 Long Term Equity Incentive Compensation Plan. Each Performance Unit represents the right to receive one share of the Company's common stock subject to the Reporting Person continuing to serve as an executive officer of the Issuer, and are earned at a rate of 10% per quarter commencing with the quarter ended March 31, 2019 and concluding with the quarter ended June 30, 2021
- 2. The price represents the closing price of the Company's common stock on June 29, 2021.
- 3. 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 that occurred on June 30, 2021.

/s/ G. Hunter Haas, IV 07/01/2021

** 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.