FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | | 011 00(11) | 00 . | | | inpuriy Act | | | | | | | | | |
|---|--|-------|--|---|---|--|---|---|-------------------------------------|---------|---|-------------|---|--------------|--|------------------------------------|---|--|---|------------|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol Orchid Island Capital, Inc. [ORC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| FILIPPS FRANK P | | | | 1- | Orema Island Cupital, Inc. [ONC] | | | | | | | | | X | Direc | ctor | 1 |)% O | wner | | |
| (Last) (First) (Middle) 125 VIA PALACIO | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2018 | | | | | | | | | | | Office | er (give title w) | | ther (elow) | (specify | |
| (Street) PALM BEACH GARDENS FL 33418 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | | (Stat | re) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ay/Year) Exc | | A. Deemed xecution Date, any Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | | 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) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | |
| Common Stock 01/03/ | | | | | | 8/2018 | | | | | | 1,212(1 | (1) A \$ | | \$9.2 | 28(1) 25,773 | | 25,773 | 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. Conversi or Exerci Price of Derivativ Security | on | 3. Transaction Date (Month/Day/Year) | 3A. Deemec Execution E if any (Month/Day | Date, Transac | | | n of Deriv Secu Acqu (A) o Dispo of (D) (Insti | of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ıstr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Nui | mber ares | | | | | | | |

Explanation of Responses:

1. These shares were issued in consideration for service on the Issuer's Board of Directors at a price of \$9.28 per share, which represents the closing price on December 29, 2017.

<u>/s/ Frank P. Filipps</u> <u>01/03/2018</u>

** 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.