FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number: 3235-0							
	Estimated average burden							
	hours per response:	0.5						

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 Add		R (f	2. Date of Event Requiring Statement (Month/Day/Year) 02/13/2013  3. Issuer Name and Ticker or Trading Symbol Orchid Island Capital, Inc. [ ORC ]									
(Last) (First) (Middle) C/O BIMINI CAPITAL MANAGEMENT, INC. 3305 FLAMINGO DRIVE					4. Relationship of Reporting Pers (Check all applicable)  X Director  X Officer (give title below)		on(s) to Issuer  10% Owner  Other (specify below)		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check Applicable Line)			
(Street) VERO BEACH (City)	FL (State)	32963 (Zip)				President, CE	EO		X	Form filed by	y One Reporting Person y More than One erson	
(Oily)	(Giate)		able I - Non	-Derivati	ive Se	ecurities Beneficiall	v Owned					
1. Title of Security (Instr. 4)				2	2. Amount of Securities Beneficially Owned (Instr. 4)  Or Indirect (I) (Instr. 5)		ct (D) (1	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		ity (Instr. 4) Conv		cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Derivati Security	ive	or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

No securities are beneficially owned.

<u>/s/ Robert E. Cauley</u> 02/13/2013

\*\* 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 5 (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.