FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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

Name and Address of Reporting Person*     Parker Ava L					2. Issuer Name and Ticker or Trading Symbol Orchid Island Capital, Inc. [ ORC ]						(Che	elationship o eck all applic Directo	able)	Reporting Person(s) to Issue ole) 10% Owr				
(Last)	(Fi	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024							Officer below)	(give title		Other (s	specify	
10589 VERSAILLES BOULEVARD				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WELLING	GTON FI		33449												led by More		rting Person	
(City) (State) (Zip)					Rı	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.												
		Tak	ole I - Non	-Deriv	ative	e Se	curities	Acc	quired, D	)isį	osed of	f, or Ber	eficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			5. Amour Securitie Beneficia Owned F Reported	s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	/	Amount	(A) or (D)	Price	Transacti	ansaction(s) estr. 3 and 4)			(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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/)	tion Date, Tra		ransaction Derivode (Instr. Acquire Derivor De		Derivative E		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 derivative Securities Beneficiall Owned Following Reported Transactio	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				С	ode	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(3)		
Deferred Stock Units	(1)	07/01/2024			A		2,547		(2)		(2)	Common Stock	2,547	\$0	52,006		D	
Deferred Stock Units	(1)	07/01/2024			A		1,934 <sup>(3)</sup>		(2)		(2)	Common Stock	1,934	\$8.34	53,940		D	

## **Explanation of Responses:**

- 1. Each deferred stock unit represents a right to receive one share of the Issuer's common stock.
- 2. 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
- $3. \ The \ reported \ shares \ represent \ deferred \ stock \ units \ granted \ in \ lieu \ of \ cash \ compensation.$

07/02/2024 /s/ Ava L. Parker

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.