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

1. Name and Address of Reporting Person*  Parker Ava L				<u>Or</u>	Susuer Name and Ticker or Trading Symbol Orchid Island Capital, Inc. [ ORC ]      Date of Earliest Transaction (Month/Day/Year)									all applic Directo Officer	cable) or (give title	g Pers	10% Ow Other (s	rner		
(Last) (First) (Middle) 10589 VERSAILLES BOULEVARD					4. If Amendment, Date of Original Filed (Month/Day/Year)								below) below)  6. Individual or Joint/Group Filing (Check Applicable							
					.   "	II Americinent, Date of Original Flied (MontuinDay/Teal)								Line)  Form filed by One Reporting Person						
(Street) WELLIN	IGTON FI	L :	33449												Form fi Person		e than	One Repor	ting	
(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.														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)						Execution Date			Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securitie Benefici Owned F		es Formally (D) (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	nt (A) or (D)		- 1.	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
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/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares							
Deferred Stock Units	(1)	06/30/2024			A		706 <sup>(2)</sup>		(3)		(3)	Common Stock	706	\$	88.28	49,459		D		

## **Explanation of Responses:**

- 1. Each deferred stock unit represents a right to receive one share of the Issuer's common stock.
- 2. The reported shares represent deferred stock units issued in lieu of the Issuer's monthly dividend pursuant to the reporting person's election.
- 3. 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

/s/ Ava L. Parker

06/28/2024

\*\* 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.