► See separate instructions.

Pa	art Reporting	Issuer				
1	Issuer's name				2 Issuer's employer identification number (EIN)	
Orcl	hid Island Capital, Inc				27-3269228	
3	Name of contact for ac	lame of contact for additional information 4 Telephone No. of contact		one No. of contact	5 Email address of contact hhaas@orchidislandcapital.com 7 City, town, or post office, state, and ZIP code of contact	
	6. Hunter Haas, IV 6 Number and street (or P.O. box if mail is not del		t delivered to	772-31-1400 o street address) of contact		
3305	5 Flamingo Dr.				Vero Beach, FL 32963	
	Date of action		9 Cla	ssification and description		
600	Statement 1		Comm	on Stock		
	Statement 1 CUSIP number	11 Serial number		on Stock 12 Ticker symbol	13 Account number(s)	
Pa	68571X103	onal Action Atta	ch addition	ORC al statements if needed. Se	ee back of form for additional questions.	
14					te against which shareholders' ownership is measured for	
	-				made cash distributions to its common shareholders in	
exce					dates and amounts of these distributions on a per share	
basi	IS.					
					· · · · · · · · · · · · · · · · · · ·	
15					ity in the hands of a U.S. taxpayer as an adjustment per	
	share or as a percent	tage of old basis \blacktriangleright <u>S</u>	ee Stateme	nt 1.		
16		0			ation, such as the market values of securities and the	
4 la -					n I.R.C. Section 312, Section 857, and the regulations	
			ys and prof	its reduce the shareholders' t	tax basis in common shares owned to the extent	
or th	ne basis pursuant to L	.K.C. 301 (C)(2).				

Form 893					Page 2		
Part		Organizational Action (cont	inued)				
			section(s) and subsection(s) upon wh	ich the tax treatment is based			
Section	ns 301	<u>(C)(2).</u>					
18 C	an any	resulting loss be recognized? ►	No.				
			implement the adjustment, such as	the reportable tax year -			
i ne rep	ortabl	e tax year is 2021.					
	-						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge						
Cian					barer has any knowledge.		
Sign Here		Onen Sint	Date ► Ja				
nere	Signa	ture▶ <u> </u>	nuary 14, 2022				
	Print	/our name ► Jerry Sintes Print/Type preparer's name	Preparer's signature	Title ► Treasure Date	- PTIN		
Paid		The share shall be		Duito	Check if self-employed		
Prepa							
Use C	Only	Firm's name			Firm's EIN ►		

,	Firm's address 🕨	Phone no.
Send Form 89	37 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogo	den, UT 84201-0054

ORCHID ISLAND CAPITAL, INC. 27-3269228 STATEMENT 1 FORM 8937

THE DISTRIBUTIONS MADE ON THE FOLLOWING DATES REDUCE THE BASIS OF THE SECURITY IN THE HANDS OF THE U.S. SHAREHOLDER(S) AS FOLLOWS:

Record Date	Payment Date	Distribtion Rate (per share)	Reduction of I share	
12/31/2020	1/27/2021	\$ 0.065	\$	0.045500
1/29/2021	2/24/2021	\$ 0.065	\$	0.045500
2/26/2021	3/29/2021	\$ 0.065	\$	0.045500
3/31/2021	4/28/2021	\$ 0.065	\$	0.045500
4/30/2021	5/26/2021	\$ 0.065	\$	0.045500
5/28/2021	6/28/2021	\$ 0.065	\$	0.045500
6/30/2021	7/28/2021	\$ 0.065	\$	0.045500
7/30/2021	8/27/2021	\$ 0.065	\$	0.045500
8/31/2021	9/28/2021	\$ 0.065	\$	0.045500
9/30/2021	10/27/2021	\$ 0.065	\$	0.045500
10/29/2021	11/26/2021	\$ 0.065	\$	0.045500
11/30/2021	12/29/2021	\$ 0.065	\$	0.045500