FORM 4

UNITED STATES SEC

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	01711	ILO AIL) EXCHANGE		•
--	--------------	---------	------------	--	---

	OMB APP	PPROVAL						
	OMB Number:	3235-0287						
- 1	Estimated average	hurdon						

0.5

hours per response:

	Check this box if no longer subject to
1	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(h)

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

ilistiuc	tion 10.																		
	1. Name and Address of Reporting Person* Parker Ava L				2. Issuer Name and Ticker or Trading Symbol Orchid Island Capital, Inc. [ORC]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
1 al KCI	Turkor Ava L													✓ Director			10% Owner		
(Last) 10589 V	,	irst) S BOULEVARI	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024									Officer (give title Other (specify below) below)					
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or J	loint/Group	Filina	(Check Ap	olicable	
(Street) WELLIN	NGTON FI	L	33449												iled by More		orting Person	I	
(City)	(S	tate)	(Zip)											reisoi					
		Tat	ole I - Non-	Deriva	tive	Sec	curities	Ac	quired, Di	spo	sed o	f, or Ber	eficiall	y Owned					
1. Title of \$	Security (Ins	tr. 3)		2. Transad Date (Month/Da		r) E	2A. Deeme Execution I f any Month/Day	Date,	3. Transaction Code (Inst	n D	Disposed	ies Acquire Of (D) (Inst	d (A) or r. 3, 4 and	5. Amour Securitie Beneficia Owned F	s ally following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V	A	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
			Table II - D						uired, Dis _l , options,					Owned					
1. Title of Derivative 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/Y	Co	ransaction ode (Instr.				6. Date Exercis Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative (Instr. 3 and	3 Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Co	ode V	,	(A)	(D)	Date Exercisable	Exp	piration te	Title	Amount or Number of Shares		(Instr. 4)				
Deferred Stock Units	(1)	09/30/2024		I	A		806 ⁽²⁾		(3)		(3)	Common Stock	806	\$8.25	56,262	2	D		
Deferred Stock Units	(1)	10/01/2024		I	A		3,041		(3)		(3)	Common Stock	3,041	\$0	59,303	3	D		
Deferred Stock Units	(1)	10/01/2024		I	A		1,749 ⁽⁴⁾		(3)		(3)	Common Stock	1,749	\$8.22	61,052	2	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
- 4. The reported shares represent deferred stock units granted in lieu of cash compensation.

/s/ Ava L. Parker 10/02/2024

** Signature of Reporting Person

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.