FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respon	se: 0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

				01 360		0(11)	JI 111E II	ivesiii	ieni Cu	πραπ	ACI 0	1 1340							
Name and Address of Reporting Person* Crotwell Jim				Issuer Name and Ticker or Trading Symbol Origin Bancorp, Inc. [OBK]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 500 SOUTH SERVICE ROAD EAST					3. Date of Earliest Transaction (Month/Day/Year) 05/22/2023										Officer below)	(give title		Other (specify below)	
(Street)		71270	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applical Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				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 in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												that is inte	ended to						
		Table	I - Non-Deriva	tive Se	ecur	ities	Acq	uire	d, Dis	pose	d of	, or E	3enefi	cially	Owne	d			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature Indirect E Ownersh 4)	Beneficial
							Code	v	Amou	ınt	(A) or (D)	Pric	e	Reporte Transac (Instr. 3	d tion(s)	(Instr. 4)	, 		
Common	Stock	05/22/2023				P		15,4	475	A	\$29	9.97 ⁽¹⁾	18,	475	I		By IRA		
Common	Stock												4,1	168	D				
Common Stock														9,895		I		BY ISS RETIR PLAN	UER EMENT
		Tak	ole II - Derivati (e.g., pu												wned				
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		int er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code V		(A)	(D)	Date Exerc	cisable	Expiration able Date		Title	or Number of Shares									

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$28.85 to \$30.25. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

Remarks:

<u>/s/ Drake Mills, as Attorney-</u>in-Fact

05/23/2023

m-r act

** Signature of Reporting Person D

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 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.