FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Ty	pe Response	s)																			
Name and Address of Reporting Person * SMITH WILLIAM G JR					2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director								
(Last) (First) (Middle) PO BOX 11248					3. Date of Earliest Transaction (Month/Day/Year) 01/13/2021									Chairm	ian, Presi	ident &	CEO				
(Street) TALLAHASSEE, FL 32302				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person									
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							quire	lired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		Date (Month/Day/Year)		any	eemed tion Date, if h/Day/Year)		Code (Instr. 8)		ion 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)		of (D)	Ber Rep	Amount of Securities eneficially Owned Following eported Transaction(s)		6. Ownership Form: Direct (D)		Indire Benef	icial			
					(Monti	п/Дау/ Ұ 6	ar)	Co	de	V	Amount	(A) or (D)	Price		(Instr. 3 and 4)			or Ind (I) (Instr	lirect		
Common Stock		01/13/2	/13/2021				A	L		15,509 (1)	A	\$ 0	2,3	2,301,827		D	D				
Common Stock		01/13/2	01/13/2021			A 3,865 A \$ 0 2,305,6		305,692	2		D										
Common Stock													524	524,694		I	SSX2		2,LLC		
Common Stock											5,3	5,372 ⁽³⁾		I IRA		IRA					
Common Stock													55,	55,666		I		Spou	ise		
Common Stock													5,0	,048 (4)			I		Spou IRA	ise-	
Reminder:	Report on a	separate line	for each c	lass of secu	rities b	eneficial	у о	wned		Per cor	rsons wh	o resp	orm	are n	not requ	ction of inf ired to res	spond u	nless	SE	C 147	4 (9-02)
				Table II -											Owned						
Security (Instr. 3)	vative or Exercise (Month/Day/Year) Execution Date, if Transaction Number of Exercise (Month/Day/Year) any Code of		ber vative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. August 2015 (Month/Day/Year) Se		Title Amour Inder Securi Instr.	Fitle and tount of derlying curities str. 3 and 8. Price of Derivative Security (Instr. 5)		Derivati Securiti Benefici Owned Followin Reporte Transac	Securities F Beneficially D Owned S Following D Reported o Fransaction(s)		of ative	11. Nature of Indirect Beneficial Ownershij (Instr. 4)								
						Code	V	(A)	(D)	Da Ex	te ercisable	Expirati Date	T	Title	Amount or Number of Shares						

Reporting Owners

D.		Relationships								
Керо	Reporting Owner Name / Address		10% Owner	Officer	Other					
РО ВОХ	WILLIAM G JR X 11248 HASSEE, FL 32302	X	X	Chairman, President & CEO						

Signatures

/s/William G. Smith, Jr.	01/14/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) Shares granted to the reporting person under the Registrant's Stock-based Long-term Incentive Plan (LTIP).
- (2) Shares granted to the reporting person under the Registrant's Associate Stock-based Incentive Plan(ASIP).
- (3) Includes 152 shares of common stock acquired through the Dividend Reinvestment Plan (DRIP).
- (4) Includes 143 shares of common stock acquired through the Dividend Reinvestment Plan (DRIP).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.