FORM 4

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

OMB APPROVAL
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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 * Criser Marshall M III				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) 7007 MCBRIDE PT.				3. Date of Earliest Transaction (Month/Day/Year) 02/27/2020													
(Street) TALLAHASSEE, FL 32312				4. If Amendment, Date Original Filed(Month/Day/Year) 03/02/2020						_X_ Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acq					uired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		ction	A. Securities Acqui (A) or Disposed of (D) (Instr. 3, 4 and 5)		dof	Beneficia	nt of Securities ally Owned Following I Transaction(s) and 4)		6. Ownersh Form: Direct (D	of Ir Bend Owr	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						C	ode	V	Amour	(A) or (D)	r Pric	e			(I) (Instr. 4)	71 (III3)	u. 4)
Common Stock 02/2		02/27/2020				A		1,082 (1)	A	\$ 0	2,847	2,847 ⁽²⁾		D			
Common Stock												4,195	4,195 (3)		I	IRA	A
Reminder:	Report on a s	separate line fo		Derivative S	Securit	ies A	quire	Personta conta the fo	ons whained in orm dis	no responding this for splays a	orm a a curi enefici	re not requently valid	ction of inf uired to res d OMB conf	spond unl	ess	C 1474	1 (9-02)
1. Title of	2	3. Transaction		e.g., puts, c	alls, wa	arran 5.	ts, opt					s) Title and	8. Price of	9. Number	of 10.	I_1	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security		Year) Execution Day	e, if Transaction Number Code of Of Officer) (Instr. 8) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		vative rities ired r osed) . 3,	and Expiration Date (Month/Day/Year) S		Ai Ui Se	mount of inderlying ecurities instr. 3 and	Derivative Security (Instr. 5)	Derivative Derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form Deriv Secur Director Ind	of ative ity: ((D)	of Indirect Beneficia Ownershi (Instr. 4)		
				Code	e V	(A)		Date Exerc		Expiration Date	on Ti	Amount or Number of Shares					

Reporting Owners

P (0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Criser Marshall M III 7007 MCBRIDE PT. TALLAHASSEE, FL 32312	X					

Signatures

/s/ Marshall M. Criser III	02/23/2021			
**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) Represents restricted shares of Capital City Bank Group, Inc. common stock granted to the reporting person under the 2011 Associate Incentive Plan, which will vest on December 31, 2020, subject to the terms of the reporting person's Restricted Stock Award Agreement.
- (2) 7042 shares were reported as owned directly at the time of acquisition, but 4195 should have been reported as owned indirectly in an IRA.
- (3) Shares were acquired through an IRA, but were previously reported as owned directly.

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.