## 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)																
1. Name and Address of Reporting Person * DREW J EVERITT				2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG]						_X_ Direct	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director							
(Last) (First) (Middle) 250 JOHN KNOX ROAD, SUITE 6					3. Date of Earliest Transaction (Month/Day/Year) 02/25/2021													
(Street) TALLAHASSEE, FL 32303				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)		Т	able I -	- Non-	Der	rivative S	Securition	es Acq	uired, Dispo	osed of, or l	Beneficial	lly Ow	ned		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			Execut any	ecution Date, if		Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficially	lly Owned Following Transaction(s)		Ownership Form: Direct (D)		Indire Benef Owne	ficial ership	
					Cod	de	V	Amount	(A) or (D)	Price				or Indirect (Ins (I) (Instr. 4)		(Instr.	. 4)	
Common Stock		02/25/2021			A			1,153 (1)	A	\$ 0	36,066	6,066		D				
Common Stock											750	750				Cust Stua	odian- rt	
Common Stock											750			Ι		Cust Law:	odian- son	
Reminder:	Report on a s	separate line f		Deriva	tive Securi	ties Acc	P c ti	Pers cont he f	sons whatained in	no responding this formula of the second sec	orm a a curi enefici	o the collective not require not requirently valid	ired to res	spond u	nless	SE	C 147	4 (9-02)
1 77:1 6	2	0 m			uts, calls, w								0 D : C	0.37 1	c	10	ı	11 37 .
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Da	ate, if	Code	5. Numb of Deriva Securi Acqui (A) or Dispos of (D) (Instr. 4, and	er ative aties red sed 3,	and Expiration Date (Month/Day/Year) An Un Sec			8. Price of Derivative Security (Instr. 5)	9. Numb Derivativ Securitie Benefici Owned Followir Reported Transact (Instr. 4)	ve Ownersh es Form of ally Derivativ Security: Direct (I or Indirection(s) (I)		of ative ty: (D) irect	11. Nature of Indirect Beneficial Ownershij (Instr. 4)		
					Code V	(A)		Date Exer	e rcisable	Expirati Date	on Ti	Amount or Number of Shares						

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DREW J EVERITT 250 JOHN KNOX ROAD, SUITE 6 TALLAHASSEE, FL 32303	X						

### **Signatures**

/s/ J. Everitt Drew	03/01/2021

**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, 2021, subject to the terms of the reporting person's Restricted Stock Award Agreement.

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.