# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 *  Johnson Laura L				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 Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 217 NORTH MONROE STREET				3. Date of Earliest Transaction (Month/Day/Year) 06/06/2022											
(Street) TALLAHASSEE, FL 32301				4. If Amendment, Date Original Filed(Month/Day/Year)						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)	Т	able I	- Non	ı-Deri	vative S	Securities	Acqu	ired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		f Cod (Ins	Code (Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ant of Securities ally Owned Following d Transaction(s)		Ownership Form:	Beneficial	
				(Month/Day/Year		ode	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)
Common Stock 06/06/2022		06/06/2022			A		432 (1	<u>)</u> A	\$ 0	27,486			D		
				Derivative Securit		equire	conta the fo	ained in orm dis	n this for splays a of, or Ben	rm are curre reficial	e not requ ntly valid	OMB conf	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2	3. Transaction	,	e.g., puts, calls, w	5.	ts, op					itle and	& Price of	9. Number	of 10.	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security	Date	Execution Da Year) any	te, if Transaction Code (Instr. 8)	Number a		and E (Mon	5. Date Exercisable and Expiration Date Month/Day/Year)		Ame Und Seco	ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)		Owners Form of Derivat Security Direct ( or Indir	hip of Indirect Beneficial Ownersh (Instr. 4)
				Code V	(A)	(D)	Date Exerc		Expiration Date	n Title	Amount or Number of Shares				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Johnson Laura L 217 NORTH MONROE STREET TALLAHASSEE, FL 32301	X						

## **Signatures**

/s/Laura L. Johnson	06/10/2022
**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 purchased through DSPP (Director Stock Purchase Plan) which are exempt from the short-swing profit provisions of Section 16 of the Exchange Act.

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.