FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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	OMB Number:	3235-0287
	Estimated average burden	
ı	hours per response:	0.5

1	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
l	Section 16. Form 4 or Form 5 obligations
1	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(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Johnson Laura L			2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [ CCBG ]	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023		Officer (give title below)	Other (specify below)		
217 NORTH MONROE STREET			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) TALLAHASSEE FL 32301		32301		X	X Form filed by One Reporting Person Form filed by More than One Reporting			
			Rule 10b5-1(c) Transaction Indication					
(City)	(State)	(Zip)	Check this box to indicate that a transaction was made pursuant to a contra affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.	xt, instruction or written plan that is intended to satisfy the				

## Table I - Non-Derivative Securities Acquired, 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)	tion Date, Transaction Code (Instr.		4. Securities Ad Disposed Of (D		4 and 5)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	06/01/2023		A		356(1)	A	\$0.00	31,627(2)	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of	2.	3. Transaction	3A. Deemed	4. 5		5. Number of		6. Date Exercisable and		7. Title and Amount of		8. Price of	9. Number of	10.	11. Nature	L
-1	Derivative	Conversion	Date	Execution Date,	Transaction I		Derivative		Expiration Date		Securities Underlying		Derivative	derivative	Ownership	of Indirect	L
- 1	Security (Instr. 3)	or Exercise	(Month/Day/Year)	if any	Code (Instr.		Securities		(Month/Day/Year)		Derivative Security		Security	Securities	Form:	Beneficial	1
- 1		Price of		(Month/Day/Year)	8)	8) Acquired (A)		d (A) (I		(Instr. 3 and 4)		(Instr. 5)	Beneficially	Direct (D)	Ownership	L	
- 1		Derivative				or Disposed of		or Disposed of					Owned	or Indirect	(Instr. 4)	L	
		Security				(D) (Instr. 3, 4		D) (Instr. 3, 4		1			Following	(I) (Instr. 4)		L	
- 1					and 5)		and 5)					Reported			L		
- 1							<u> </u>						-	Transaction(s)			L
- 1						l						Amount		(Instr. 4)			L
- 1						l						or					1
- 1						l			Date	Expiration		Number					1
- 1					Code	l v	(A)	(D)	Exercisable	Date	Title	of Shares					ı
- L				1													4

## **Explanation of Responses:**

- 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.
- 2. Includes 114 shares acquired through the Registrant's Dividend Reinvestment Plan (DRIP) since the reporting person's last Form 4 filing, which were exempt from the reporting and short-swing profit provisions of Section 16 of the Exchange Act.

#### Remarks:

<u>/s/ Laura L. Johnson</u> <u>06/05/2023</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.