FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

10% Owner Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a

JACKSONVILLE FL

(State)

(City)

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

contract, instruct purchase or sale issuer that is into	made pursuant to a stion or written plan for e of equity securities of ended to satisfy the nse conditions of Rule Instruction 10.						
1. Name and Addr Antoine Rob	ress of Reporting Per	rson *	2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG]		tionship of Reporting Person(s) to Issuer all applicable)		
7 mone roo	<u>JCIT</u>			— X	Director	10% O	
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/10/2023		Officer (give title below)	Other (sbelow)	
8234 ASHWO	RTH COURT			+-			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ZA. Deemed Execution Date, if any (Month/Day/Year) 3. Transactic Code (Inst			4. Securities Ad Disposed Of (D			5. Amount of 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	08/10/2023		A		343(1)	A	\$0.00	11,238(2)	D	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. If Amendment, Date of Original Filed (Month/Day/Year)

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

-1	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	ı
-1	Derivative	Conversion	Date	Execution Date,	Transaction		Derivative		Expiration Date		Securities Underlying		Derivative	derivative	Ownership	of Indirect	L
-1	Security (Instr. 3)	or Exercise	(Month/Day/Year)	if any	Code (Instr. Securiti		Securities		(Month/Day/Year) Derivativ		Derivative Security Secu		Security	Securities	Form:	Beneficial	L
-1		Price of		(Month/Day/Year)	8) Acquired (A)		1		(Instr. 3 and 4)		(Instr. 5)	Beneficially	Direct (D)	Ownership	L		
-1		Derivative					or Disp	osed of						Owned	or Indirect	(Instr. 4)	L
-1		Security			(D) (Instr. 3, 4		str. 3, 4					Following	(I) (Instr. 4)		L		
-1					and 5)							Reported			L		
-1													1	Transaction(s)			L
-1						l						Amount		(Instr. 4)			L
-1						l						or					1
-1						l			Date	Expiration		Number					1
1					Code	٧	(A)	(D)	Exercisable	Date	Title	of Shares					

Explanation of Responses:

- 1. Shares purchased through Director Stock Purchase Plan (DSPP) that are exempt from the short-swing profit provisions of Section 16 of the Securities Exchange Act of 1934.
- 2. Includes 61 shares acquired through the Registrant's Dividend Reinvestment Plan (DRIP) since the reporting person's last Form 4 filing that were exempt from the reporting and short-swing profit provisions of Section 16 of the Securities Exchange Act of 1934.

Remarks:

/s/ Robert Antoine 08/13/2023

** Signature of Reporting Person Date

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

32256

(Zip)

- * 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.