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 * Grant William E				CA	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 10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 217 NORTH MONROE STREET					3. Date of Earliest Transaction (Month/Day/Year) 05/13/2020												
(Street) TALLAHASSEE, FL 32301				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City)	(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or E						Beneficially	Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye	-,	f Code (Instr. 8)		action 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership					
				(IVIOII	idii/Day/T	carj	Сс	ode	V	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		05/13/2020				I)		4,315		3 .7.37 <u>1)</u>	12,984	(2)		D	
Reminder:	Report on a s	separate line f	or each class of secu	Deriv	ative Seco	uriti	ies Ac	equire	Pers cont the t	sons whatained if form dis	no respo n this fo splays a	rm are curre reficia	e not requently valid	ction of inf uired to res OMB con	spond unle	ess	1474 (9-02)
1. Title of	2.	3. Transactio		(e.g., p	outs, calls	_	irrani 5.	ts, op		ate Exer			itle and	8 Price of	9. Number	of 10.	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security	Date	Year) Execution Da	te, if Transaction Code Year) (Instr. 8)		ion			and Expiration Date (Month/Day/Year)		Am Uno Sec	ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	of Indirect Beneficia Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date	e rcisable	Expiratio Date	n Titl	Amount or e Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Grant William E 217 NORTH MONROE STREET TALLAHASSEE, FL 32301	X					

Signatures

/s/ William E. Grant	05/14/2020
**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).
- The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$17.34 to \$17.38. The reporting person (1) undertakes to provide to Capital City Bank Group, Inc. ("CCBG"), any security holder of CCBG, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price.
- (2) Includes 505 shares purchased through DSPP (Director Stock Purchase Plan) which were exempt from the reporting and 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.