# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

	pe Response													
1. 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 10% Owner Officer (give title below) Other (specify below)				
(Last) (First) (Middle) 217 NORTH MONROE STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/14/2020										
(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 PersonForm filed by More than One Reporting Person						
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	(Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)			ollowing O (s) Fo	Ownership of Form:	7. Nature of Indirect Beneficial Ownership	
	(Month/Day/ Year)  Code V Amount (A) or Price		(mou. 3 and 7)		` '	(Instr. 4)								
Common	Stock		05/14/2020		P	•	1,000	0 A	\$ 17	16,512			D	
				Derivative Securi		t uire	contained he form d d, Disposed	in this for isplays a	m are curre eficial	not requesting ntly valid		spond unle trol numbe	ss	1474 (9-02)
	1	1	,	e.g., puts, calls, w					<del></del>			ı		_
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Da Year) any	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and ount of lerlying urities tr. 3 and	Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	Beneficia Ownershi (Instr. 4)
					(Instr. 3					Amount		(Instr. 4)	(Instr. 4)	

### **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	05/15/2020
**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).

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.