SEC	Form	4
-----	------	---

Γ

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

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

10b5-1(c). See Instru	uction 10.								
1. Name and Address Connally Stan			2. Issuer Name and Ticker or Trading Symbol <u>CAPITAL CITY BANK GROUP INC</u> [CCBG]	(Check	tionship of Reporting Person(s) all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/13/2024		Director Officer (give title below)	10% Owner 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 X Form filed by One Reporting Person						
(Street) TALLAHASSEE	FL	32301			Form filed by More than One	e Reporting Person			
(City)	(State)	(Zip)							
		lable I - Non-Deriv	vative Securities Acquired. Disposed of, or Beneficia	liv Owi	ned				

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	 Transaction Code (Instr.		4. Securities Ac Disposed Of (D			5. Amount of Securities Beneficially Owned Following Reported	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	08/13/2024	Α		430(1)	Α	\$ <mark>0</mark>	28,706(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. Num		6. Date Exerc		7. Title and A				10.	11. Nature
 Derivative	Conversion	Date	Execution Date,	Transac	tion	Derivat	ive	Expiration Da	ate	Securities U	nderlying	Derivative	derivative	Ownership	of Indirect
Security (Instr. 3)	or Exercise	(Month/Day/Year)	if any	Code (Ir	nstr.	Securit	ies	(Month/Day/)	'ear)	Derivative Se	curity	Security	Securities	Form:	Beneficial
	Price of		(Month/Day/Year)	8)		Acquire	ed (A)			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Direct (D)	Ownership
	Derivative					or Disp	osed of						Owned	or Indirect	(Instr. 4)
	Security					(D) (Ins	tr. 3, 4						Following	(I) (Instr. 4)	
						and 5)							Reported		
				<u> </u>		<u> </u>							Transaction(s)		
											Amount		(Instr. 4)		
											or				
								Date	Expiration		Number				
				Code	v	(A)	(D)	Exercisable	Date	Title	of Shares				
 		1	1		1					J	L				

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 193 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 Section16 of the Securities Exchange Act of 1934.

/s/ Stan W. Connally

** Signature of Reporting Person

08/14/2024 Date

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

 * 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.