SEC	Form	4
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## 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
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	iction 10.							
in that is a life of the pointing i crootin			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CAPITAL CITY BANK GROUP INC</u> [ CCBG ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	t) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/04/2024	X	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 Line) X Form filed by One Reporting Person				
(Street)					Form filed by More than Or	0		
TALLAHASSEE	FL	32301				le Reporting Person		
(City)	(State)	(Zip)						
		Table I - Non-Deriv	ative Securities Acquired, Disposed of, or Beneficia	llv Owi	ned			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Transaction Code (Instr.		4. Securities Ad 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	11/04/2024		A		333(1)	A	\$ <mark>0</mark>	37,505 <sup>(2)</sup>	D			
Toble II _ I	Jarivativa Saa	Table II. Derivative Securities Acquired Dispessed of an Banaficially Owned										

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivat Securit Acquire or Disp	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Securities U Derivative S	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

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 83 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/ Laura L Johnson

11/06/2024

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.

\*\* Signature of Reporting Person

Date