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).

Check this box to indicate that a

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

	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 10b5-1(c). See Instruction 10.	
. N	lame and Address of Reporting Person *	

Name and Address of Reporting Person* Johnson Laura L			2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG]		tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025		Officer (give title below)	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)				
(Street) TALLAHASSEE	FL	32301		X	Form filed by One Reporting Form filed by More than One			
(City)	(State)	(Zip)						

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution D if any (Month/Day/		cution Date, Transaction		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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	01/06/2025		A		31(1)	A	\$0	37,985(2)	D	

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.				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.		(Instr. Securities		(Month/Day/Year)		Derivative Security		Security	Securities	Form:	Beneficial	L
-1		Price of		(Month/Day/Year)	8)	8) Acquired (A)		(Instr. 3 and 4)		(Instr. 5)	Beneficially	Direct (D)	Ownership	L			
-1		Derivative			or Disposed of		Disposed of				Owned	or Indirect	(Instr. 4)	L			
-1		Security			(D) (Instr. 3, 4		str. 3, 4					Following	(I) (Instr. 4)		L		
-1					and 5)		ind 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 435 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.

01/08/2025 /s/ Laura L. Johnson

** Signature of Reporting Person 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.