FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C	. 20549

STATEMENT	OF CHAN	IGES IN BE	NEFICIAL (OWNERSHIP

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* McCarty Cynthia S.						2. Issuer Name and Ticker or Trading Symbol Southern States Bancshares, Inc. [SSBK]								Relationship of Reportir (Check all applicable) X Director				ng Person(s) to Issuer		
(Last)	(Fir	,	Middle)		3. Date of Earliest Transa 05/04/2023				saction	(Montl	n/Day/Year)			Officer (give title below)				Other (: below)	specify	
615 QUI	NTARD AV	/E 			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) ANNIST	ON AI	. 3	6201											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)		Rul	Rule 10b5-1(c) Transaction Indication							on							
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												nded to							
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or B	Benefici	ially (Own	ed				
Date			2. Transacti Date (Month/Day	Day/Year) Exe		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Securities Beneficially Owned Following		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code V		Amount	(A) or (D)	r Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common share	Stock, par	value \$5.00 per		05/04/20	023				P		1,203	A	\$20.7	7(1)	4	,047		D		
Common Stock, par value \$5.00 per share															2,000		I	By spouse, Patrick M. McCarty		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivative		Expiration Date		Amount of Securities S		Deriv Secu	Price of erivative derivative security sstr. 5) Securities Beneficial Owned Following Reported Transactic (Instr. 4)		y [0]	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$20.60 to \$20.78, inclusive. The reporting person undertakes to provide to Southern States Bancshares, Inc., any security holder of Southern States Bancshares, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote.

Remarks:

/s/ Cynthia S. McCarty, by Jeff Shanks as Attorney-in-

05/05/2023

Fact

** 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.