

COLONY BANKCORP INC  
Form 4  
October 29, 2002

**Form 4**

**UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION  
Washington, DC 20549**

OMB APPROVAL  
OMB Number:  
3235-0287  
Expires: January 31,  
2005  
Estimated average  
burden  
hours per response. . .  
0.5

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

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public  
Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

|  |         |          |   |  |  |  |  |
|--|---------|----------|---|--|--|--|--|
| 1. Name and Address of Reporting Person*<br><b>Waldron, Gene B</b> |         |          | 2. Issuer Name and Ticker or Trading Symbol<br><b>Colony Bankcorp, Inc. (CBAN)</b>      |  | 6. Relationship of Reporting Person(s) to Issuer   |  |  |
| (Last)   | (First) | (Middle) | 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)           | 4. Statement for Month/Day/Year<br><b>10/25/2002</b>   | (Check all applicable)<br><br><input checked="" type="checkbox"/> Director _____ 10%<br>Owner<br><input type="checkbox"/> Officer (give title below) _____ Other<br>(specify below)<br><br>_____ |  |  |
| P.O. Box 1265  |         |          |   |  |  |  |  |
| (Street)   |         |          | 5. If Amendment, Date of Original (Month/Day/Year)                                      | 7. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |  |  |
| Douglas, GA 31534  |         |          |   |  |  |  |  |
| (City)   | (State) | (Zip)    | <b>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b> |  |  |  |  |

| 1. Title of Security (Instr. 3)    | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |            |         | 5. Amount of Securities Beneficially Owned Following Reported Transactions (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|------------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|---------|---|--|---|
|                                    |                                      |  | Code                           | V | Amount  | (A) or (D) | Price   |   |  |   |
| Colony Bankcorp, Inc. Common Stock | 10/25/2002                           |  | P                              |   | 175.368   | A          | 14.48** | See Below   | D  |   |
| Colony Bankcorp, Inc. Common Stock | 10/25/2002                           |  | P                              |   | 58.6790   | A          | 14.11** | 48,334.7108   | D  |   |

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 Instructions 4(b)(v).

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 control number.

(Over)  
SEC 1474  
(9-02)

**FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 2. Conversion or Exercise Price of | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Securities | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially | 10. Ownership Form of Derivative Security: | 11. Nature of Indirect Beneficial Ownership |
|------------------------------------|--------------------------------------|-----------------------------------|--------------------------------|------------------------------------|--|--|--|---|--|---|
|------------------------------------|--------------------------------------|-----------------------------------|--------------------------------|------------------------------------|--|--|--|---|--|---|

Edgar Filing: COLONY BANKCORP INC - Form 4

| Derivative Security | (Month/Day/Year) | Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   |     |     | Date Exercisable |  | Expiration Date |                            | (Instr. 3 and 4) |  | Owned Following Reported Transaction(s) (Instr. 4) | Direct (D) or Indirect (I) (Instr. 4) | (Instr. 4) |
|---------------------|------------------|---|---|-----|-----|------------------|--|-----------------|----------------------------|------------------|--|--|---------------------------------------|------------|
|                     |                  | Code  | V | (A) | (D) |                  |  | Title           | Amount or Number of Shares |                  |  |  |                                       |            |
|                     |                  |   |   |     |     |                  |  |                 |                            |                  |  |  |                                       |            |

Explanation of Responses:

**\*\*Average Price for shares purchased through Dividend Reinvestment Plan that closed on October 25, 2002.**

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations.  
See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

/s/ Gene B. Waldron

**10/29/2002**

\*\*Signature of Reporting Person

Date

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.

Page 2