FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| (Print or Ty | pe Response | s) | | | | | | | | • | | | | |
|--|---|--|---|---|-------------------|----------------|--|---|--|---|---|--|---|------------------------------------|
| 1. Name and Address of Reporting Person* KNOX RUTH A | | | | 2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Other (specify below) | | | | | |
| PRESIDENT OF WESLEYAN COLLEGE, 4760 FORSYTH ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/13/2004 | | | | | | | | | | | |
| (Street) MACON, GA 31210 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqu | | | | ired, Disposed of, or Beneficially Owned | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Year | (Instr. | 8) | (A) or | Disposed 3, 4 and 5 (A) or nt (D) | of (D) | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Own Form Direct or In (I) | | Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | | 04/13/2004 | | P | | 57 (1) | A | \$ 38.96 | 567 I | | D | | | |
| Reminder: 1 | Report on a s | separate fine i | | Derivative Securi | ties Acqı | Pe cc th | ersons whomation with the contract of the cont | ho respondin this for splays of, or Be | orm are a curre eneficia | e not requently valid | OMB con | formation spond unle trol numbe | ss | 1474 (9-02) |
| | | | | (e.g., puts, calls, w | · · · · · · · · · | | | | 1 1 | | | | 2 40 | 44.37 |
| Security | 2. Conversion or Exercise Price of Derivative Security | | Execution Day (Year) any | Year) 4. Transaction Code of Operivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | r an (N | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Am Und Sec | ount of lerlying urities tr. 3 and Derivative Security (Instr. 5) | | Derivative Securities Beneficially Owned Following Reported | Owners Form of Derivati Security Direct (or Indire | Beneficia Ownersh (Instr. 4) |
| | | | | Code V | (A) (I | | ate xercisable | Expirati Date | ion Titl | Amount or e Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| KNOX RUTH A PRESIDENT OF WESLEYAN COLLEGE 4760 FORSYTH ROAD MACON, GA 31210 | X | | | | | |

Signatures

| Ruth A. Knox | 04/13/2004 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).
- (1) These shares of common stock were purchased in 2003 under the Company's 1996 Director Stock Purchase Plan and were exempt from the short-swing liability provisions of Section 16 pursuant to Rule 16b-(3) promulgated thereunder.

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.