# FORM 4

(Print or Type Responses)

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

OMB APPROVAL
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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).

#### 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

| 1. Name and Address of Reporting Person * BARRON THOMAS A            |   |   | 2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG] |  |   |       |                        |  |   | 5   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner X_ Officer (give title below) Other (specify below) |  |   |  |  |  |   |
|--|---|---|--|--|---|-------|------------------------|--|---|---|---|--|---|--|--|--|---|
| PO BOX 900 (First) (Middle)  |   |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/25/2005                    |  |   |       |                        |  |   |   | Treasure  | <u>r</u>                               |   |  |  |  |   |
| (Street)   |   |   | 4. If Amendment, Date Original Filed(Month/Day/Year)                           |  |   |       |                        |  |   | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person |   |  |   |  |  |  |   |
| TALLA  | HASSEE,   | FL 32302  |  |  |   |       |                        |  |   |   | -   | Form file                              | ed by More than                         | One Reporting  | g Person   |  |   |
| (City  | )   | (State)   | (Zip)  | Т  | able I  | - Nor | n-De                   | erivative  | Securit   | ies Ac  | quir  | ed, Dispo                              | osed of, or l                           | Beneficially   | Owned  |  |   |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) |   | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | Code<br>(Instr. 8)   |  | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |       |                        | )  | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) |   |   | 6.<br>Ownership<br>Form:<br>Direct (D) | Benef<br>Owner                          | lirect<br>ficial   |  |  |   |
|  |   |   |  | Code                                       |   | V     | Amount                 | (A)<br>or<br>(D)                                   | Pric  | e   |   |  | or Indirect (I) (Instr. 4)              | t (Instr.  | (Instr. 4)   |  |   |
| Common   | Stock   |   | 02/25/2005   |  | 5   | S     |                        | 4,000  | D   | \$<br>41.0°   | 77  | 178,308                                | 3                                       |  | D  |  |   |
| Common   | Stock   |   |  |  |   |       |                        |  |   |   |   | 8,500                                  |   |  | I  | Trust<br>for<br>Eliza                              |   |
| Common   | Stock   |   |  |  |   |       |                        |  |   |   |   | 12,250                                 |   |  | I  | Trust<br>for<br>Rebe                               |   |
| Common   | Stock   |   |  |  |   |       |                        |  |   |   |   | 16,927                                 |   |  | Ι  | Trust<br>for A                                     |   |
| Common   | Stock   |   |  |  |   |       |                        |  |   |   |   | 8,750                                  |   |  | I  | Trust<br>for Z<br>Barro<br>Trust                   | Z.P.<br>on  |
| Common   | Stock   |   |  |  |   |       |                        |  |   |   |   | 23,125                                 |   |  | I  | Spou   | ise   |
| Common   | Stock   |   |  |  |   |       |                        |  |   |   |   | 3,828.3                                | 79                                      |  | I  | By<br>401(I<br>Plan                                |   |
| Reminder:  | Report on a s   | separate line   | for each class of secu   |  |   |       | Per<br>cor<br>the      | rsons wh<br>ntained i<br>form dis                  | no resp<br>n this<br>splays   | form a  | are<br>rren   | not requ<br>tly valid                  | ction of inf<br>uired to res<br>OMB con | spond unl  | ess  | C 1474 (   | (9-02)  |
|  |   |   | Table II -   | Derivative Securi<br>(e.g., puts, calls, v |   |       |                        |  |   |   |   | Owned                                  |   |  |  |  |   |
| Security   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transacti<br>Date<br>(Month/Day                          | Execution D any  | · · · · · · · · · · · · · · · · · · ·      | 5. 6. Number ar   |       | 6. I<br>and<br>(M      | Date Exercisable d Expiration Date fonth/Day/Year) |   | 7.<br>A<br>U<br>S   | Tit.<br>Amou<br>Jnder<br>Secur<br>Instr.  | . 3 and                                | of Derivative Security (Instr. 5)       | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owne<br>Form<br>Deriv<br>Secur<br>Direct<br>or Ind | rship of Bo or | 1. Nature<br>f Indirect<br>eneficial<br>twnership<br>nstr. 4) |
|  |   |   |  | Code V                                     | (A)   | (D)   | Da <sup>a</sup><br>Exc | te<br>ercisable                                    | Expira<br>Date  | tion T  | itle  | Amount<br>or<br>Number<br>of<br>Shares |   |  |  |  |   |

### **Reporting Owners**

| P ( 0 N /                      | Relationships |              |           |       |  |  |  |
|--------------------------------|---------------|--------------|-----------|-------|--|--|--|
| Reporting Owner Name / Address | Director      | 10%<br>Owner | Officer   | Other |  |  |  |
| BARRON THOMAS A                |               |              |           |       |  |  |  |
| PO BOX 900                     | X             |              | Treasurer |       |  |  |  |
| TALLAHASSEE, FL 32302          |               |              |           |       |  |  |  |

## **Signatures**

| Thomas A. Barron                | 02/28/2005 |
|---------------------------------|------------|
| **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).

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.