FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 LINA S				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)				
(Last) (First) (Middle) 506 NORTH RIDE				3. Date of Earliest Transaction (Month/Day/Year) 09/12/2005										
(Street) TALLAHASSEE, FL 33203				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3) Date (Month/Day/Year)		2A. Deemed 3. Trans Execution Date, if any (Instr. 8		(A) or Disposed of (D)			of (D)	Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial		
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock		09/12/2005		S		40,000	D	\$ 36.70	64,413 (1)		D			
Common Stock									3,750 ⁽²⁾		I	Held Jointly with Husband		
Reminder:	Report on a s	separate line fo		Derivative Securit	ies Acquire	Pers cont the t	sons wh tained in form dis	o respo n this for splays a	rm are currei reficial	not requesting noting valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of	2	3. Transactio		(e.g., puts, calls, wa	5.		ate Exerc		— <u> </u>	itle and	8. Price of	9. Number	of 10.	11. Nature
	Conversion or Exercise Price of Derivative Security	Date (Month/Day/	Year) Execution Da	tte, if Transaction Code Year) (Instr. 8)		and Expiration (Month/Day)		expiration Date th/Day/Year)		ount of erlying urities cr. 3 and		Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Securit Direct or India	ship of Indirect f Beneficial ive Ownership y: (Instr. 4)
				Code V	(A) (D)	Date Exe		Expiratio Date	n Title	Amount or Number of Shares				

Reporting Owners

D (1 0 N /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KNOX LINA S 506 NORTH RIDE TALLAHASSEE, FL 33203	X						

Signatures

Lina S. Knox	09/13/2005

**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).
- These shares have been adjusted for the 3 for 2 stock split effective June 1, 1998, the 5 for 4 stock split effective June 13, 2003 and the 5 for 4 stock split effective June 1, 2005.
- (2) These shares have been adjusted for the 3 for 2 stock split effective June 1, 1998, the 5 for 4 stock split effective June 13, 2003, and the 5 for 4 stock split effective June 1, 2005.

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.