# FORM 4

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

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).

#### 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

|  | pe Kesponse   |                                       | *                |   |  |                                      |                   |   |                               |   | 5 D 1 (  | 1. CD                                    | D   | ( ) ( ) T   |                                      |
|--|---|---------------------------------------|------------------|---|--|--------------------------------------|-------------------|---|-------------------------------|---|--|--|---|---|--------------------------------------|
| 1. Name and Address of Reporting Person* LEWIS HENRY III |   |                                       |                  | CA  | 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 10% Owner Officer (give title below) Other (specify below) |  |   |   |                                      |
| (Last) (First) (Middle) PO BOX 5366                      |   |                                       |                  | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2006 |  |                                      |                   |   |                               |   |  |  |   |   |                                      |
| (Street) TALLAHASSEE, FL 32314                           |   |                                       |                  | 4. I  | 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  Form filed by More than One Reporting Person |  |  |   |   |                                      |
| (City  |   | (State)                               | (Zip)            |   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                      |                   |   |                               |   |  |  |   |   |                                      |
| 1.Title of Security (Instr. 3)                           |   | 2. Transaction<br>Date<br>(Month/Day/ | Execute (Year)   | 2A. Deemed<br>Execution Date, if                            |  | 3. Transaction<br>Code<br>(Instr. 8) |                   | 4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)  (A) or Disposed of (Instr. 3, 4 and 5) |                               |   |  | Following                                | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)              | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                      |
| Commor   | n Stock   |                                       | 03/03/2006       |   |  | P                                    |                   | 486 (1)   | A                             | \$<br>31.434  | 2,041.0  | 8  |   | D   |                                      |
| Reminder:  | Report on a s   | separate fine                         | for each class o | e II - Deri   | ivative Securit  | ies Acqı                             | Per<br>cor<br>the | rsons whatained in form dis   | no resp<br>n this f<br>splays | orm are<br>a curre  | e not requently valid  | ction of inf<br>uired to res<br>OMB conf | spond unle  | ss  | 1474 (9-02)                          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |                                       | Execut<br>any    | emed<br>on Date, it   | y puts, calls, w 4. Transaction Code (Instr. 8)                                  | 5.                                   | 6. I and (M       | os, conver<br>Date Exer<br>d Expiration<br>onth/Day   | cisable<br>on Date            | 7. T<br>Am<br>Und<br>Sec  | Title and ount of derlying urities tr. 3 and   |  | 9. Number<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | Owners<br>Form of   | Benefici<br>ve Ownersh<br>(Instr. 4) |

### **Reporting Owners**

| D 4 0 V 4                      | Relationships |              |         |       |  |  |
|--------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director      | 10%<br>Owner | Officer | Other |  |  |
| LEWIS HENRY III                |               |              |         |       |  |  |
| PO BOX 5366                    | X             |              |         |       |  |  |
| TALLAHASSEE, FL 32314          |               |              |         |       |  |  |

# **Signatures**

| Henry Lewis III                 | 03/07/2006 |
|---------------------------------|------------|
| **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 2006 under the Company's 2005 Director Stock Purchase Plan and were exempt from the reporting liability provisions os 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.