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* AUSLEY DUBOSE				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)				
P O BOX		(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/22/2008													
(Street) TALLAHASSEE, FL 32302			4. If Amendment, Date Original Filed(Month/Day/Year)							/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	<i>(</i>)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu						Acqui	nired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)			4. Securities Acquired (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	ed 5. Amount of Securities D) Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership				
							C	ode	V	Amoun	(A) or (D)	Price	rice			(I) (Instr. 4)	
Commor	n Stock		05/22/2008					S		4,150		\$ 26	342,621			D	
Commor	n Stock												23,437			I	Held by IRA
Commor	n Stock												285,431			I	CSA Trust
Commor	n Stock												12,500			I	Held by Wife
Commor	n Stock												350			I	Joint with wife
Reminder:	Report on a s	separate line fo	or each class of secur	ities be	eneficial	lly o	wned		Perso	ons wh	o respon	m are	not requ		formation spond unle trol numbe	ess	C 1474 (9-02)
			Table II - I								of, or Bene tible secur		ly Owned				
Security	Conversion	version Date Execution Date Execution Date of vative		4. 5. Num Code of		ber vative rities ired or osed b) c. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year) ve es d d 6. Date Exercisable Ar Ar Ur Se (Ir 4)		7. Ti Amo Und Secu	rrities r. 3 and (Instr. 5) Ber Ow Fol Rej Tra			Owner Form of Deriva Securit Direct or Indi	Benefici Ownersk (y: (Instr. 4)			
									Date		Expiration	1	Amount or Number				

Reporting Owners

	Relationships					
Reporting Owner Name /	Director	10% Owner	Officer	Other		
Address						

AUSLEY DUBOSE P O BOX 391 TALLAHASSEE, FL 32302	X				
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Signatures

DuBose Ausley	05/22/2008
***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.