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* COX CADER B 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) 11991 RIVERVIEW ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/17/2009														
(Street)				4. If	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						
CAMILLA, GA 31730 (City) (State) (Zip)																			
1.Title of Security 2. Transaction (Instr. 3) Date		2. Transaction Date (Month/Day/Year)		any		3. Transaction Code		n-I	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			(A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	e v	V	Amount	(A) or (D)	Pric	e				(I) (Instr. 4)		(msu. 4)		
Common Stock		02/17/2009				P			10,800	A	\$ 12.71	113	13,000	0		Ι	Rivery I Planta Inc.		
Common Stock													26,358.296		D				
Common Stock												2,500		I			Wife - Martha F.H. Cox		
Reminder:	Report on a s	separate line	e for each	class of se	curities	beneficially	owned		Pe	ersons w	ho re in thi	s form	are	not requ	ction of inf ired to res OMB cont	pond ur	iless	SE	C 1474 (9-02
				Table II		vative Secur puts, calls,								ly Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transac Date (Month/Da			Date, if	4. Transactio Code (Instr. 8)	of	vative rities nired or osed o) r. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Undo Secu	itle and bunt of erlying trities r. 3 and	(Instr. 4)		ve Ownership es ally ally ng d Derivative Security: Direct (D) or Indirect cion(s) (I)		ottive Owner (Instr. (D) irrect		
						Code V	/ (A)	(D)		Oate Exercisable		iration ,	Title	Amount or Number of Shares					

Reporting Owners

B 41 0 W 1	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
COX CADER B III 11991 RIVERVIEW ROAD CAMILLA, GA 31730	X						

Signatures

Cader B. Cox, III	02/17/2009
**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.