# FORM 4

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

OMB APPROVAL
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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).

(Print or Type Responses)

#### 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  (Last) (First) (Middle) |   |   | 2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG]   |  |  |                                |  |  | S. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  X Director X Officer (give title below)  Treacurer |   |  |   |   |
|--|---|---|--|--|--|--------------------------------|--|--|--|---|--|---|---|
| First)   | (Middle)  | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2011   |  |  |  |                                |  | Treasurei  |  |   |  |   |   |
| Street) 32302  |   |   |  |  | inal 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 |  |   |  |   |   |
| (State)  | (Zip)   | Table I - Non-Derivative Securities Acquired,   |  |  |  |                                | red, Dispo   | isposed of, or Beneficially Owned  |  |   |  |   |   |
| Instr. 3) Date   |   | Execution Date, if any  | 3. Transac<br>Code<br>(Instr. 8)   | tion   | n 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  |                                | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s)<br>(Instr. 3 and 4) |  | Form:  | 7. Natur<br>of Indir<br>Benefic<br>Owners                                 | rect<br>cial   |   |   |
|  |   |   | Code   | V  | Amount   | (A)<br>or<br>(D)               | Price  | ·  | and the  |   | or Indirect (I) (Instr. 4)   | (Instr. 4   | 4)  |
| 06/0   | 9/2011  |   | S  |  | 580  | D                              | \$<br>10.085   | 141,271  |  |   | D  |   |   |
| 06/0   | 9/2011  |   | S  |  | 20   | D                              | \$<br>10.06  | 141,251  |  |   | D  |   |   |
| 06/0   | 9/2011  |   | S  |  | 300  | D                              | \$<br>10.10  | 140,951  |  |   | D  |   |   |
| 06/0   | 9/2011  |   | S  |  | 100  | D                              | \$<br>10.08  | 140,851  |  |   | D  |   |   |
|  |   |   |  |  |  |                                |  | 28,906   |  |   | I  | Wife -<br>Jane  | -   |
|  |   |   |  |  |  |                                |  | 5,000  |  |   | I  | Truste<br>Elizab  |   |
|  |   |   |  |  |  |                                |  | 1,688  |  |   | I  | Truste<br>Rebec   |   |
|  |   |   |  |  |  |                                |  | 4,000  |  |   | I  | Truste<br>Anne  | ee -  |
|  |   |   |  |  |  |                                |  | 12,937   |  |   | I  | Z.P.<br>Barroi<br>Trust   | n   |
|  |   |   |  |  |  |                                |  | 8,391.5  | 54   |   | I  | 401(k)<br>Plan  | )   |
| arate line for each  | h class of secu   | rities beneficially o   | wned direct  | tly or   | indirectly   | y                              |  |  |  |   |  |   |   |
|  |   |   |  | con  | ıtained iı   | n this                         | form are   | not requ   | ired to res  | pond unl  | ess  | C 1474 (9   | 9-02)   |
|  |   |   |  |  |  |                                |  | ly Owned   |  |   | <u>.</u>   |   |   |
| Transaction<br>ate<br>Month/Day/Year)  | any   | Code  | of   | and<br>(M  | Expiration   | on Date                        | Amo<br>Undo<br>Secu  | ount of<br>erlying<br>irities  |  | Derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported | Owner Form of Deriva Securit Direct or India n(s) (I)  | ship of I Ber Ow (Ins (D) rect  | Nature<br>Indirect<br>neficial<br>vnershij<br>str. 4) |
|  | A First)  Street)  32302  State)  2. Tra Date (Mon  06/0  06/0  06/0  06/0  Transaction ate | First) (Middle)  Street)  32302  State) (Zip)  2. Transaction Date (Month/Day/Year)  06/09/2011  06/09/2011  06/09/2011  06/09/2011  Table II -  Transaction ate Month/Day/Year)  3A. Deemed Execution Date Any Month/Day/Year) | CAPITAL CI   [CCBG]   3. Date of Earlies   06/09/2011   4. If Amendment,   32302   State)   (Zip)   T     2. Transaction   Date   (Month/Day/Year)     24. Deemed   Execution Date, if   any   (Month/Day/Year)     06/09/2011       06/09/2011       06/09/2011       06/09/2011       06/09/2011 | CAPITAL CITY BANI [CCBG]  First)  (Middle)  3. Date of Earliest Transaction 06/09/2011  4. If Amendment, Date Originate Code (Instr. 8)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (Instr. 8)  Code  06/09/2011  S  06/09/2011  S  06/09/2011  S  06/09/2011  S  Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, open calls | CAPITAL CITY BANK G [CCBG]  First)  (Middle)  3. Date of Earliest Transaction (Mo6/09/2011  4. If Amendment, Date Original II  32302  State)  (Zip)  Table I - Non-De  Execution Date, farly (Month/Day/Year)  06/09/2011  S  O6/09/2011  S  O6/09/201 | CAPITAL CITY BANK GROUP   CCBG | CAPITAL CITY BANK GROUP INC [CCBG]   | CAPITAL CITY BANK GROUP INC [CCBG]   | CAPITAL CITY BANK GROUP INC   CCBG   | CAPITAL CITY BANK GROUP INC   CCBG   CCBG     First                       | CAPITAL CITY BANK GROUP INC   CCBG   CCBG   CCBG   CCBG   CCCBG   CCBG   CCBG | CAPITAL CITY BANK GROUP INC   CCBG   CCBG | CAPITAL CITY BANK GROUP INC [CCBG]                    |

| Code V (A) (D) Exercisable Date Title Number of Shares |
|--|
|--|

### **Reporting Owners**

| D ( O 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                | 06/09/2011 |
|---------------------------------|------------|
| **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.