FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 *- BARRON THOMAS A				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				
(Last) (First) (Middle) PO BOX 900				3. Date of Earliest Transaction (Month/Day/Year) 06/13/2011											Treasure			
(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					
TALLAH	HASSEE, 1	FL 32302											-	FOIII IIIE	d by More than	One Reporting	reison	
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially O								Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			any	emed ion Date n/Day/Ye	(Instr. 8)			or Disposed of (D) (Instr. 3, 4 and 5)		(D) 5)		(A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I)	Beneficial Ownership			
~	~ 1		0.5/4.0/0.44					e	V		()	Pri	ice	10005			(Instr. 4)	
Common	Stock		06/13/2011				S			1,000	D	10.1	201	139,85	l		D	
Common	Stock													28,906			I	Wife - Jane
Common	Stock													5,000			Ι	Trustee - Elizabeth
Common	Stock													1,688			I	Trustee - Rebecca
Common	Stock													4,000			I	Trustee - Anne
Common	Stock													12,937			I	Z.P. Barron Trust
Common	Stock													8,391.5	54		I	401(k) Plan
Reminder:	Report on a s	separate line	for each class of sec						Per cor the	rsons wi ntained i form di	no res n this splay	form sacu	n are urren	not requ tly valid	ction of inf lired to res OMB conf	pond unle	ess	C 1474 (9-02)
			Table II											y Owned				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transacti Date (Month/Day	Execution I	d Date, if	4. Transac Code	tion	5.	er ative ities red sed	6. I and (M	and Expiration Date (Month/Day/Year) Am Unc Sec		7. Tit Amo Unde Secur (Instr	itle and ount of derlying urities str. 3 and str. 3 and str. 4 out of the str. 5 out		Owne Form Derive Securi Direct or Ind	ottive Owners (ty: (Instr. 4) (D) irect		
					Code	V	(A)	(D)	Da Ex	ate ercisable		ration	Title	Amount or Number of Shares				

Reporting Owner Name /	Relationships							
Address	Director	10% Owner	Officer	Other				
BARRON THOMAS A PO BOX 900 TALLAHASSEE, FL 32302	X		Treasurer					

Signatures

Thomas A. Barron	06/14/2011
**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.