#### 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

| (Print or Ty  | pe Response   | s)   |                              |   |  |            |        |                                   |  |                                       |  |   |  |  |  |   |                                    |
|---|---|--|------------------------------|---|--|------------|--------|-----------------------------------|--|---------------------------------------|--|---|--|--|--|---|------------------------------------|
| 1. Name and Address of Reporting Person * BARRON THOMAS A |   |  |                              | CAP   | 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 X_ Officer (give title below) Other (specify below) |  |  |  |   |                                    |
| P.O. BOX 900 (First) (Middle)                             |   |  |                              |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2011                    |            |        |                                   |  |                                       |  |   |  | Treasurer                                  |  |   |                                    |
|   |   |  |                              | 4. If Amendment, Date Original Filed(Month/Day/Year) 02/03/2011 |  |            |        |                                   |  |                                       | 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 Acquire                                    |            |        |                                   |  |                                       | uired, Disp                              | red, Disposed of, or Beneficially Owned   |  |  |  |   |                                    |
| 1.Title of Security<br>(Instr. 3)                         |   | 2. Transaction<br>Date<br>(Month/Day/Year) | Execu<br>any                 | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)     |  | (Instr. 8) |        | ction                             | (A) or Disposed of (D) (Instr. 3, 4 and 5) |                                       | of                                       | Benefici  | nt of Securities<br>illy Owned Following<br>Transaction(s)<br>and 4) |  | Ownership<br>Form:<br>Direct (D)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                    |
|   |   |  |                              |   |  | C          | ode    | V                                 | Amoun                                      | (A)<br>or<br>(D)                      | Price                                    |   |  |  | (I)<br>(Instr. 4)  |   |                                    |
| Common  | Stock   |  | 02/01/2011                   |   |  |            |        | S                                 |  | 3,800<br>(1)                          | D  | \$<br>12.9  | 4,500  |  |  | I   | Trust -<br>Rebecca                 |
| Reminder:   | Report on a s   | separate line fo                           | or each class of secur       | Derivat   | tive Sec   | curit      | ies Ac | quire                             | Perso<br>conta<br>the fo                   | ons who<br>ained in<br>orm dis        | respo<br>this fo<br>plays a<br>f, or Ber | rm ar<br>curre  | re not requently valid   | ection of inf<br>uired to red<br>d OMB con | spond unle   | ss  | 1474 (9-02)                        |
| Security  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/      | n 3A. Deemed<br>Execution Da | ate, if T   | ransac<br>Code   | tion       | 5.     | per rative rities ired rosed ) 3, | 6. Da<br>and E<br>(Mon                     | te Exerc<br>Expiratio<br>tth/Day/\(^1 | isable<br>n Date                         | 7. 7<br>Am<br>Un<br>Sec<br>(In:<br>4)   | Amoun or Numbe of  | Derivative<br>Security<br>(Instr. 5)       | 9. Number<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Owners Form of Derivati Security Direct ( or Indire               | Beneficia<br>Ownersh<br>(Instr. 4) |

### **Reporting Owners**

|  | Relationships |              |           |       |  |  |  |
|--|---------------|--------------|-----------|-------|--|--|--|
| Reporting Owner Name / Address                           | Director      | 10%<br>Owner | Officer   | Other |  |  |  |
| BARRON THOMAS A<br>P.O. BOX 900<br>TALLAHASSEE, FL 32302 | X             |              | Treasurer |       |  |  |  |

## **Signatures**

| /s/ Thomas A. Barron            | 06/25/2012 |  |  |  |
|---------------------------------|------------|--|--|--|
| **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) Transaction previously reported in error as a sale of 5,612 shares of common stock

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.