# 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	3)								1				
1. Name and Address of Reporting Person* KNOX LINA S				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)  Check all applicable  Other (specify below)				
(Last) (First) (Middle) 506 NORTH RIDE			3. Date of Earliest Transaction (Month/Day/Year) 09/19/2012											
(Street) TALLAHASSEE, FL 33203				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					
(City		(State)	(Zip)											
(City)	)	(State)	(Zip)	T	able I - N	on-D	erivative	Securities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			Ownership	Beneficial		
			(Month/Day/Year	Code	e V	/ Amou	(A) or (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)	
Common	Stock		09/19/2012		A		100	A	\$ 0	47,863			D	
Common Stock									23,000		I	Dean Knox Qtip Trust		
Reminder:	Report on a s	separate line fo		Derivative Securit	ies Acqu	Per cor the	rsons whatained in form diestable of the contraction of the contractio	no responding this for splays a	rm are curre	e not requently valid	OMB conf	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of	2	3. Transaction	,	e.g., puts, calls, w	arrants, o				<del></del>	itle and	8. Price of	9. Number	of 10.	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security		Execution Dat	and Expiration Date (Month/Day/Year)  (Instr. 8) Derivative Securities		Am Und Sec	ount of derlying urities tr. 3 and	nt of lying ties 3 and Derivative Security (Instr. 5) Be Ov For Re		Owners Form o	ship of Indired Beneficia Ownersh (Instr. 4) D)			
				Code V	(A) (E		te ercisable	Expiration Date	n Title	Amount or Number of Shares				

## **Reporting Owners**

B # 0 Y /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
KNOX LINA S 506 NORTH RIDE TALLAHASSEE, FL 33203	X					

### **Signatures**

/s/ Lina S. Knox	09/21/2012
**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).

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.