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

	pe Response													
Name and Address of Reporting Person* COX CADER B III				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				
(Last) (First) (Middle) 11991 RIVERVIEW ROAD			3. Date of Earliest Transaction (Month/Day/Year) 12/14/2012											
(Street)				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					
	A, GA 31													
(City))	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)				Ownership Form:	Beneficial	
				Code	. V	Amour	(A) or (D)	Price	(Instr. 3 a	nu 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		12/14/2012		A		100	A	\$ 0	42,253.	19		D	
Common Stock									10,500		I	Martha F. H. Cox - wife		
Reminder:	Report on a s	separate line fo		Derivative Securit	ies Acqui	Person the	sons whatained in form disposed	no respoi n this for splays a of, or Ben	rm are curre	e not requ ntly valid	OMB conf	formation spond unle trol numbe	ess	C 1474 (9-02)
1. Title of	2.	3. Transaction	,	e.g., puts, calls, w	5.					itle and	8. Price of	9. Number	of 10.	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security		Execution Dat	re, if Transaction Code (Instr. 8)		and Expiration Date (Month/Day/Year) An Universe (Ir 4)		Ame Und Sect (Ins	ount of derlying urities tr. 3 and Derivative I Security (Instr. 5) E F F F T			Owner Form of Deriva Securit Direct or Indi	ship of Indire Beneficia Ownersh (Instr. 4)	
				Code V	(A) (D		e ercisable	Expiration Date	n 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

/s/ Cader B. Cox, III	12/31/2012
**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.