# 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* DREW J EVERITT              |   |                                      |                            | 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) Other (specify below) |  |   |   |   |                     |  |                                    |
| (Last) (First) (Middle)<br>250 JOHN KNOX ROAD, SUITE 6               |   |                                      |                            |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2013 |                 |  |                      |  |  |  |   |   |   |                     |  |                                    |
| (Street) TALLAHASSEE, FL 32303                                       |   |                                      |                            | 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)                      |  | Т   | able I          | - Nor  | ı-Dei                | rivative   | Securities   | s Acqu   | ired, Dispo                                   | osed of, or I                                       | Beneficiall   | ly Ow               | ned  |                                    |
| 1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year) |   | any                                  |                            | Code<br>(Instr. 8)   |   | ction           | (A) or Disposed of (D)                         |                      | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) |  |  | Ownership Form:                               |   | 7. Nature of Indirect Beneficial  |                     |  |                                    |
|  |   |                                      | (Month/Day/Year)           |  |   | ode             | V  | Amoun                | (A) or (D)   | Price  | (Instr. 3 and 4)   |   |   |   | direct (            | Ownership<br>Instr. 4)   |                                    |
| Commor   | Stock   |                                      | 02/28/2013                 |  |   | 4               | A  |                      | 100  | A  | \$ 0   | 25,025  |   |   | D                   |  |                                    |
| Commor   | Stock   |                                      |                            |  |   |                 |  |                      |  |  |  | 562   |   |   | I                   |  | Custodian<br>Stuart                |
| Commor   | Stock   |                                      |                            |  |   |                 |  |                      |  |  |  | 562   |   |   | I                   |  | Custodian<br>Lawson                |
| Reminder:  | Report on a s   | separate line f                      |                            | Derivat  | ive Securi  | ties A          | cquire   | Person<br>con<br>the | sons whatained if form disposed  | no respo<br>n this fo<br>splays a<br>of, or Ber  | rm ar<br>curre   | e not requently valid                         | ction of inf<br>uired to res<br>OMB conf            | spond un  | less                | SEC  | 1474 (9-02)                        |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transactic<br>Date<br>(Month/Day/ | 3A. Deemed<br>Execution Da | ate, if T  | Transaction<br>Code   | 5.<br>Num<br>of | ber<br>vative<br>rities<br>rired<br>or<br>osed | 6. D<br>and<br>(Mo   | ate Exer<br>Expirationth/Day   | cisable<br>on Date   | 7. T<br>Am<br>Und<br>Sec   | Fitle and ount of derlying urities str. 3 and | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>Derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>illy<br>g | 10. Ownersh Form of Derivati Security Direct (I or Indire (I) (Instr. 4) | Beneficia<br>Ownersh<br>(Instr. 4) |

### **Reporting Owners**

|  | Relationships |              |         |       |  |  |  |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| DREW J EVERITT<br>250 JOHN KNOX ROAD, SUITE 6<br>TALLAHASSEE, FL 32303 | X             |              |         |       |  |  |  |

#### **Signatures**

| /s/ J. Everitt Drew | 03/01/2013 |
|---------------------|------------|
|                     |            |

| **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.