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).

(Print or Type Responses)

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

1. Name and Address of Reporting Person* BARRON THOMAS A			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 _X_ Officer (give title below) Other (specify below) Treasurer							
P.O. BOX 900 (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/18/2013							Treasure	r			
(Street) TALLAHASSEE, FL 32302			X					_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person				Line)		
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acqu					uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	ction	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficial Reported	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)		6. Ownersh Form: Direct (I	ip of l Bei	Nature Indirect neficial	
				, , , ,	Code	V	Amount	(A) or (D)	Price	·	,		or Indirect (I) (Instr. 4)		str. 4)
Common	Stock		04/18/2013		J		12,937 (1)	D	\$ 0	0			I		P. arron ust
Common	Stock									152,536	<u>(2)</u>		D		
Common	Stock									28,906			I	Wi Jai	ife - ne
Common	Stock									5,000			I		ustee -
Common	Stock									4,500			I		ustee
Common Stock									4,000			I		ustee -	
Common	Stock									8,549.04	18		I	40 Pla	1(k) an
Common	ı Stock									2,000			I	Ell Mo Mo He Ra	ustee - len ettler oose ead anch ust
Reminder:	Report on a s	separate line fo	or each class of secur	rities beneficially or		Pers	ons who	this fo	rm ar	e not requ	ction of int ired to res OMB con	spond unl	ess	EC 147	74 (9-02)
				Derivative Securit e.g., puts, calls, wa		,		•		•					
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	n 3A. Deemed Execution Da any	4. te, if Transaction Code Year) (Instr. 8)	5. Number a		and Expiration Date (Month/Day/Year)		7. T Am Und Sec	Title and count of derlying urities str. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Own Form Deri Secu Director In	of of vative rity: et (D) direct	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

	Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
--	------	---	-----	--	---------------------	--------------------	-------	--	--	--	--	--	--

Reporting Owners

D (O N (Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BARRON THOMAS A							
P.O. BOX 900	X		Treasurer				
TALLAHASSEE, FL 32302							

Signatures

Thomas A. Barron	04/19/2013
**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).
- (1) Distribution of shares to beneficiaries of the Z.P. Barron Trust of which the reporting person serves as trustee and is a co-beneficiary.
- (2) Includes 6,468 shares previously held indirectly by the reporting person that were acquired in connection with the distribution of assets of the Z.P. Barron Trust to its beneficiaries. These shares are exempt from the requirements of Section 16 pursuant to Rule 16a-13.

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.