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

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					
(Last) (First) (Middle) 11991 RIVERVIEW ROAD			3. Date of Earliest Transaction (Month/Day/Year) 05/31/2013												
(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					
CAMILLA, GA 31730 (City) (State) (Zip)			Table I - Non-Derivative Securities Acou						ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, in	3. Transac Code (Instr. 8)					ired	d 5. Amount of Secu Beneficially Owne Reported Transacti		es Following	6. Ownership Form:	Beneficial		
			(Month/Day/Year	Coc	le	V Amo		(A) or (D)	Price	(Instr. 3 a	nd 4)			Ownership (Instr. 4)	
Common	Stock		05/31/2013		A		100		A :	\$ 0	42,453.	19		D	
Common Stock										10,500		I	F.H. Cox - wife		
Reminder:	Report on a s	separate line for	r each class of secur	ities beneficially o		P c tl	Persons vontained he form o	vho I in t	this forr lays a c	n are urrei	not requesting noting valid		formation spond unle trol numbe	ess	1474 (9-02)
1		T	(e.g., puts, calls, w	arrants,	opti	ons, conv	ertib	ole secur	ities)		ı	T		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactior Date (Month/Day/Y	Execution Date (Year)	te, if Transaction Code (Instr. 8)	5. Number of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5	rive esed	and Expiration Date (Month/Day/Year) A U So (I 4)		Amo Und Secu	itle and bunt of erlying urities r. 3 and			Owners Form o y Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)	
				Code V	(A) (Date Exercisabl		xpiration ate	Title	Amount or Number of Shares				

Reporting Owners

B 41 0 N 4	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	06/03/2013		
**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.