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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---------------|-----------------------------------|-------------------------------------|-------------|--|--|----------|--|---------------------|--|--|--|--|----------------------------------|--|-----------------------------|------------|--|
| 1. Name and Address of Reporting Person * BENSE ALLAN G | | | | CA | 2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG] | | | | | | _X_ Direc | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | | | | |
| (Last) (First) (Middle) 1405 W. BEACH DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/03/2013 | | | | | | | | | | | | |
| | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| PANAMA CITY, FL 32401 (City) (State) (Zip) | | | | | | | | | | | | | nired, Disposed of, or Beneficially Owned | | | | | |
| | | () | | | | | 1 | Non-I | 1 | | | 1 | | | | | | |
| 1.Title of Security (Instr. 3) | | Date (Month/Day/Year) a | | any | eemed ion Date, if n/Day/Year) | Code | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | Ownership Form: Direct (D) | | Beneficial Ownership | | |
| | | | | | | Code | V | Amount | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | | (Instr. 4) | | |
| Common Stock | | 09/03/20 | 013 | | | A | | 100 | A | \$ 11.92 | 200 | 200 | | D | | | | |
| Common Stock | | | | | | | | | | | 300 | 00 | | I | | ense amil ounc nc. | | |
| Reminder: | Report on a s | separate line | for each cl | lass of sec | urities t | beneficially | owned di | Po | ersons w | ho res | form | to the collec are not requ rrently valid | uired to res | spond ι | ınless | SEG | C 147 | 4 (9-02) |
| | | | | Table II | | | | | | | | cially Owned | | | | | | |
| Derivative Conversion Date | | 3. Transact Date (Month/Day | ction 3A. Deemed Execution Date any | | d Date, if | (e.g., puts, calls, wate, if Transaction Code Year) (Instr. 8) | | 5. Number an | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | . Title and Amount of Underlying ecurities Instr. 3 and | Title and nount of Derivative derlying curities 8. Price of Derivative Security (Instr. 5) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | ship of | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code V | (A) (| Е | oate exercisable | Expir Date | ration T | Amount or Number of Shares | | | | | | |

Reporting Owners

| D (O V / | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| BENSE ALLAN G 1405 W. BEACH DRIVE PANAMA CITY, FL 32401 | X | | | | | | |

Signatures

| **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.