FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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* KNOX LINA S				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) 506 NORTH RIDE				3. Date of Earliest Transaction (Month/Day/Year) 02/28/2014											
(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					
TALLAF (City		(State)	(Zip)												
(City)	(State)	(Zip)		Tab	ole I - No	n-Dei	rivative	Securities	Acqu	ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)					(Instr. 8)		(A) or Disposed of (D			Beneficially Owned Following Reported Transaction(s)			Ownership C Form:	Beneficial	
			(Month/Day/Y	ear)	Code	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)	
Common	Stock		02/28/2014			A		100	A	\$ 0	48,463			D	
Common Stock										23,000		I	Dean Knox Qtip Trust		
Reminder:	Report on a s	separate line fo	or each class of secur	ities beneficially			Pers con the	sons whatained i	no respo n this fo splays a	rm are curre	e not requ ntly valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
			(e.g., puts, calls,	, war	rants, o	ptions	, conver	tible secu	rities)			1		
Security	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Year) Execution Date any	4. Transactic Code (Instr. 8)	o E S A (A E o (I	6. Date Exercisable and Expiration Date f (Month/Day/Year) U Derivative ecurities (I		Ame Und Seco	itle and ount of derlying urities tr. 3 and	of Derivative Security (Instr. 5) Ber Ow Fol Rep Tra (Instr. 5)		Owners Form o Derivat Security Direct (or Indir	Beneficial Ownersh (Instr. 4) Beneficial Ownersh (Instr. 4)		
				Code	V ((A) (D)		e rcisable	Expiratio Date	n Title	Amount or Number of Shares				

Reporting Owners

B # 0 Y /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KNOX LINA S 506 NORTH RIDE TALLAHASSEE, FL 32303	X						

Signatures

/s/ Lina S. Knox	03/03/2014
**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.