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 Type Respo	onses)																	
1. Name and Address of Reporting Person* BARRON THOMAS A					CAPITAL CITY BANK GROUP INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director						
P.O. BOX 900 (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 03/13/2014								Treasure	r					
(Street)			4							5. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person								
TALLAHASSE (City)		32302 State)	(Zip)			T	.L.I. T	N	D	٠	4: 4							
1.Title of Security		Í	2. Transaction	24.1	A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of Securities 6.						. Nature							
(Instr. 3)			Date (Month/Day/Yea	Exec any	oution Date, if htth/Day/Year)	Tr Co	ransacti ode	on	Disposed of (Instr. 3, 4 a	(A)	Be Fo Tra		Benefic Follow Transac	Following Reported Transaction(s) (Instr. 3 and 4)			ship o (D) C	f Indirect deneficial dwnership (nstr. 4)
							Code	V	Amount	or (D)	Pı	rice				(I) (Instr.	4)	
Common Stock			03/13/2014				S		8,032.428	D	\$ 13.	7601	512.708					01(k) lan
Common Stock													139,8	50		D		
Common Stock													28,90	6		I		Vife - ane
Common Stock													5,000			I		rustee - Elizabeth
Common Stock													4,500			I		rustee - Rebecca
Common Stock													4,000			I		rustee -
Common Stock													2,000			I	E N N h	Trustee - Cllen Mettler Moose ead Canch Trust
Reminder: Report o	n a sepa	rate lin	e for each class o	f securiti	ies beneficiall	y ov	wned di		y or indirectly Persons wh	o res							SEC 1	474 (9-02)
									the form dis									
			Tab		erivative Secu								y Owned					
Security or Exercise (Month/Day/Year) any		emed on Date	4. 5. Transaction Number		and Expiration Date (Month/Day/Year) AU U S			7. Tit Amor Unde Secur	: 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	e Ov Fo Ov Se Se or or on(s) (I)	vnershi rm of crivative curity: rect (D Indirec	Ownersh (Instr. 4)				
					Code	v	(A) (Expira Date	ation ,	Title	Amount or Number of Shares					

Reporting Owners

P (0 N /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BARRON THOMAS A								
P.O. BOX 900	X		Treasurer					
TALLAHASSEE, FL 32302								

Signatures

/s/ Thomas A. Barron	03/17/2014
**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.