FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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).

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* 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 10% Owner Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 11991 RIVERVIEW ROAD				3. Date of Earliest Transaction (Month/Day/Year) 11/28/2014												
(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 Acqui						ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any		(Instr. 8)		(A) or Disposed of			of (D)	Beneficially Owned Following Reported Transaction(s) Ownership of Ir Form:		Beneficial			
			(Month/Day/Year)		ode	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		` /	Ownership (Instr. 4)		
Common	Stock		11/28/2014				A		100	A	\$ 0	43,053.	19		D	
Common Stock											10,500		I	Martha F.H. Cox, wife		
Reminder:	Report on a s	separate line fo	r each class of secur					Perseconta	ons wh ained i orm dis	no respoi n this for splays a	rm are curre	e not requ ntly valid	OMB conf	formation spond unle trol numbe	ss	1474 (9-02)
			Table II - I							of, or Ben tible secu		lly Owned	_			
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\sqrt{2}	Execution Dat	Cod	e	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Ame Und Seco	Title and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Beneficia Ownersh (Instr. 4)	
				Co	de V	(A)	(D)	Date Exer		Expiration Date	Title	or Number of Shares				

Reporting Owners

B 41 0 Y 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	12/02/2014			
**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.