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 * DREW J EVERITT				CA	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) 250 JOHN KNOX ROAD, SUITE 6					3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015													
(Street)				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 Person Form filed by More than One Reporting Person						
	HASSEE,													ou by More than	оне керопп	ing i cis	JII	
(City)	(State)	(Zip)			T	able I	- No	n-De	rivative	Securiti	es Acqu	uired, Disp	osed of, or I	Beneficiall	y Ow	ned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			Exect any			Code (Instr. 8)		tion	on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)					7. Nature of Indirect Beneficial	
			(Mon	(Month/Day/Year)			ode	v	Amount	(A) or (D)	Price	(Instr. 3 ar	(direct	/	
Common Stock		02/19/2015				A	A		1,133 (1)	A	\$ 15.44	26,858		D				
Common Stock												562		I		Custodian - Stuart		
Common Stock												562		I		Custodian - Lawson		
Reminder:	Report on a s	separate line f	or each class of secu	ırities l	eneficia	lly o	wned	direct	tly or	indirectl	y							
		1				,			Per	sons wha	no resp n this f	orm ar	e not requ	ction of inf uired to res OMB cont	spond un	less	SEC	1474 (9-02)
			Table II -										ally Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactic Date (Month/Day	Execution D	ate, if	4. Transac Code	tion	5. Num of Deriv Secur Acqu (A) o	mber and Expiration Date (Month/Day/Year) rivative curities quired o or sposed (D) str. 3,		7. An Un Sec	Fitle and nount of derlying curities str. 3 and	Derivative Securities (Instr. 5) Derivative Securities Securities Beneficies		e Ownership s Form of Derivative Security: Direct (D) or Indirect		f Beneficia Ownersh y: (Instr. 4) (D)		
					Code	V	(A)	(D)	Dat Exe	-	Expirat Date	ion Tit	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DREW J EVERITT 250 JOHN KNOX ROAD, SUITE 6 TALLAHASSEE, FL 32303	X						

Signatures

/s/ J. Everitt Drew	02/20/2015
**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).
- (1) Represents restricted shares of Capital City Bank Group, Inc. common stock granted to the reporting person under the 2011 Associate Incentive Plan, which will vest on December 31, 2015, subject to the terms of the reporting person's Restricted Stock Award Agreement.

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.