FORM 4

(Print or Type Responses)

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

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 10% Owner Officer (give title below) Other (specify below)				
506 NOF) RTH RIDE	3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015													
(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				
(City	")	(State)	(Zip)	T	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	f Code (Instr. 8)		4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5) (A) or		Oisposed (B, 4 and 5) (A) or	of (D) Benefici Reported (Instr. 3		nount of Securities ficially Owned Following rted Transaction(s) . 3 and 4)		Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Co		V	Amoun 1,133		Price \$				(Instr. 4)	
Common	Stock		02/19/2015		Α	1		(<u>1</u>)	A	15.44	49,896			D	
Common Stock									23,000		I	Dean Knox Qtip Trust			
Reminder:	Report on a s	separate line fo		Derivative Securit	ies Acc	quire	Pers cont the f	ons when ained in orm dis	no respo n this for splays a	rm are currer neficiall	not requ ntly valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	3A. Deemed Execution Da any		5. Numb of Deriva Securi (A) or Dispos of (D) (Instr. 4, and	er ative ities red sed 3, 5)	6. D and (Mo	ate Exerc Expiration nth/Day/	cisable on Date	7. Ti Amo Undo Secu (Inst 4)	Amount or Number of Shares		9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Security Direct (or Indir	Beneficial Ownershij (Instr. 4) D) ect

Reporting Owners

D (O N (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	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.