## 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

Name and Address of Reporting Person *  COX CADER B III			2. Issuer Name <b>and</b> 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) 12/31/2014										
(Street) CAMILLA, GA 31730			4. If Amendment, Date Original Filed(Month/Day/Year) 02/23/2015					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)	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)	Code (Instr. 8)	(A) o (D)	4. Securities Acquire (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficial	t of Securities ly Owned Following Fransaction(s) ad 4)		Ownership Form: Direct (D)	Beneficial Ownership	
					Code	V Amo	Amount (A) or (D) Price		÷			or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		12/31/2014		A	1,13 (1)	3 A	\$ 0	44,356.8	30 <u>(2)</u>		D	
Reminder: R	Report on a s	separate line for	r each class of secur	ities beneficially ow	ı	Persons w	ho respor			ction of inf			474 (9-02)
Reminder: R	Report on a s	separate line for	Table II - I	Derivative Securiti	es Acquire	Persons we contained the form dead, Disposed	who respor in this for isplays a d	m are currei eficial	not requesting ntly valid	uired to res OMB cont	ormation spond unle trol numbe	ss	474 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction Date (Month/Day/Y	Table II - I	Derivative Securiti e.g., puts, calls, wa 4. te, if Transaction Code (Instr. 8)	es Acquire rrants, opt 5.	Persons we contained the form dead, Disposed	who responding this for isplays a control of, or Benderitible security or is a control of the co	eficial rities) 7. Ti Amo Und	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (C or Indirec	11. Nat of Indir Benefic Owners (Instr. 4

#### **Reporting Owners**

D ( O N (	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	03/05/2015
**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.
- (2) Includes 270.61 shares acquired through the registrant's Dividend Reinvestment Plan, less 100 shares which were previously included in the reporting person's holdings due to a calculation error.

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.