FORM	4
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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).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 [*] – BARRON THOMAS A			2. Issuer Name a CAPITAL CI [CCBG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <u>X</u> Director <u>N</u> Officer (give title below) (Check all applicable) <u>Other (specify below)</u>			
(Last) P.O. BOX 900	3. Date of Earliest Transaction (Month/Day/Year) 01/13/2016						Treasu	irer			
TALLAHASSEE,	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	able I - No	n-De	erivative S	Securiti	ies Acq	uired, Disposed of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)			2A. Deemed Execution Date, if any (Month/Day/Year)		ction	(D) R		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership
				Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)	()
Common Stock		01/13/2016		А		5,387 (<u>1)</u>	А	\$0	117,005	D	
Common Stock									516.165 (2)	Ι	401(k)Plan
Common Stock									28,906	Ι	Wife-Jane
Common Stock									5,000	Ι	Trustee- Elizabeth
Common Stock									4,500	Ι	Trustee- Rebecca
Common Stock									4,000	Ι	Trustee- Anne
Common Stock									2,000	I	Trust-Eller Mettler Mooseheac Ranch Trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II	- Deriva	tive	Securitie	s Acquired	, Disposed	of, or	Beneficially (Owned
	/						• / • `	

			(e.g.,]	puts, cans,	war	гап	s, op	tions, conver	uble securi	illes)									
1. Title of	2.	3. Transaction	3A. Deemed	4.	5			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature				
Derivative	Conversion	Date	Execution Date, if	Transactio	on N	lumb	ber	and Expiration Date		and Expiration Date		and Expiration Date		Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	f	(Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial					
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D)eriva	rivative		Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership					
	Derivative				S	ecuri	curities		(Instr	. 3 and		Owned	Security:	(Instr. 4)					
	Security				А	cqui	red			4)			Following	Direct (D)					
					(/	A) or	•						Reported	or Indirect					
					D	Dispo	sed						Transaction(s)	(I)					
						f (D)					(Instr. 4)	(Instr. 4)							
					· ·	nstr.	· · · ·												
					4	, and	5)												
											Amount	1							
								D .	T		or								
									Expiration	Title	Number								
								Exercisable	Date		of								
				Code V	v ((A)	(D)				Shares								

Reporting Owners

Reporting Owner Name / Address	Director	10% Owner	Officer	Other
BARRON THOMAS A P.O. BOX 900 TALLAHASSEE, FL 32302	Х		Treasurer	

Signatures

/s/ Thomas A. Barron	01/15/2016
**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) Shares granted to the reporting person under the Registrant's Stock-base Incentive Plan.
- (2) Includes 3.403 shares of common stock acquired through the Registrant's 401(k) Plan. The information in this report is based on a plan statement dated December 31, 2015.

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.