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* BENSE ALLAN G				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 10% Owner Officer (give title below) Other (specify below)								
(Last) (First) (Middle) 1405 W. BEACH DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/18/2016														
(Street)					4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
PANAMA CITY, FL 32401 (City) (State) (Zip)						Table I - Non-Derivative Securities Acqui							cquire	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execut any	A. Deemed Execution Date, if		Code		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Ber Rep	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7 Ownership I Form: E Direct (D) 0		7. Nature of Indirect Beneficial Ownership		
							e	v	Amount	(A) or (D)	Price	;				or Indirect (I) (Instr. 4)		(Instr. 4)		
Common Stock		02/18	/2016			A			1,210 (1)	A	\$ 14.40	29	29,252 ⁽²⁾		D					
Common Stock												30	300		I I		Bense Family Foundation, Inc.			
Reminder:	Report on a s	separate line	for each			peneficially			Pe co the	ersons w entained e form di	ho res in this splay	form s a cu	are r	not requ ly valid	ction of inf uired to res OMB conf	spond ι	ınless	SE	C 147	4 (9-02)
1 771 6	l _a	la =		24 5		outs, calls,		ts, o <u>j</u>							0 D : 0	0.31	1 6	10	ı	11.37.
Security	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day		3A. Deemed Execution D any (Month/Day	ate, if	Code	5. Numl of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	ative ities ired rosed)	an (N	and Expiration Date (Month/Day/Year) An Un Sec		Amou Under Securi (Instr.	nount of derlying curities str. 3 and Derivative Security (Instr. 5) Ben Own Foll Rep Trai		Derivat Securiti Benefic Owned Followi Reporte	ities Form ficially Deriv ed Secu- wing Directed or In- action(s) (I)		of ative ty: (D) irect	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
						Code V	(A)	(D)		ate xercisable	Expir Date	ration	Title	Amount or Number of Shares						

Reporting Owners

D (O N (Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BENSE ALLAN G 1405 W. BEACH DRIVE PANAMA CITY, FL 32401	X						

Signatures

/s/ Allan G. Bense		02/19/2016	
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**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, 2016, subject to the terms of the reporting person's Restricted Stock Award Agreement.
- (2) Includes 417 shares purchased through DSPP (Director Stock Purchase Plan).

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.