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 Responses	s)		1								ı				
Name and Address of Reporting Person * COX CADER B III				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) 11991 RIVERVIEW ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/18/2016												
(Street) CAMILLA, GA 31730				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)					Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)		if Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership of Form:	Beneficial			
						ode	V	Amoun	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	/	
Common	Stock		02/18/2016				A		1,210 (1)	A	\$ 14.46	45,939.	73 (2)		D	
Common Stock											10,500			I	Martha F.H. Cox, Wife	
Reminder:	Report on a s	eparate line fo		Derivative S	ecuri	ties Ac	cquire	Pers cont the f	ons whained in orm dis	no responding this for this for the splays and the splays and the splays and the splays are the	orm are a curre eneficial	e not requently valid	OMB con	formation spond unle trol numbe	ess	1474 (9-02)
1. Title of	2.	3. Transaction	,	4.	1115, W	5.	ıs, op	1	ate Exer			itle and	8. Price of	9. Number	of 10.	11. Natur
Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security		(Month/Day/Year) any (Month/Day/Y		Code		of	vative rities aired or osed 0) :. 3,	(Mor	Expirationth/Day/		Und	ount of derlying urities tr. 3 and	Derivative Security (Instr. 5) Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Security Direct (or Indir	Beneficia Ownersh (Instr. 4)
				Code	v	(A)	(D)	Date Exer	cisable	Expirati Date	on Title	Amount or Number of Shares				

Reporting Owners

B 41 0 W 1	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	02/19/2016

**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) 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 372.938 shares acquired through the Registrant's Dividend Reinvestment Plan (DRIP).

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.