## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
ours per respons	e 0.5

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* Estate of Robert H. Smith, Deceased			2. Issuer Name and Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director Officer (give title below) Other (specify below)							
(Last) (First) (Middle) 3042 HAWKS GLEN			1	3. Date of Earliest Transaction (Month/Day/Year) 06/15/2016												
(Street) TALLAHASSEE, FL 32312			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							
(City		(State)	(Zi	Zip)		Tabl	le I - No	n-Dei	rivative S	Securities A	Acquir	red, Dispo	osed of, or I	Beneficially	Owned	
(Instr. 3)		Date (Month/Day/Year)		2A. Deemed Execution Date any	, if C	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D)	Reported Transaction(s)		Following	6. Ownership Form:	Beneficial	
					(Month/Day/Ye	ear)	Code	V	Amoun	(A) or (D)	í		3 and 4)		Direct (D) Ownor Indirect (Instr. 4)	
Common	Stock		06/15/20	2016			D		426,84		§ 14.5	1,576,9	74		D	
Reminder:	Report on a s	separate line fo	or each clas	ass of securi	ities beneficially	y own	ned direc	Pers	sons wh	o respon			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line fo		Гable II - Г	Derivative Secu	ırities	s Acquir	Person the	sons wh tained ir form dis	o respon n this forr splays a c	n are urren ficially	not requ tly valid	ction of inf lired to res OMB cont	spond unle	ess	1474 (9-02)
1. Title of	2.	3. Transaction Date (Month/Day/	on 3A. Exe	Table II - L (a Deemed ecution Dat		5. on No of Do See Ad (A Di of (Ir	s Acquir rants, oj lumber	Pers cont the ed, Dottions 6. C and (Mc	sons wh tained ir form dis isposed of s, convert Date Exerc Expirationth/Day/	or respondent this form splays a coof, or Benedible securicisable on Date (Year)	n are urren ficially ities) 7. Tit Amoi Unde Secur (Instr 4)	not required the valid of the and the control of the value of the valu	OMB conf	spond unle	of 10. Owners! Form of Security Direct (i	11. Nat of Indir Benefic Owners (Instr. 4

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Estate of Robert H. Smith, Deceased						
3042 HAWKS GLEN		X				
TALLAHASSEE, FL 32312						

### **Signatures**

/s/Douglas W. Smith, Personal Representative	06/16/2016
**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).

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.