FORM 4	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).

(Print or Type Responses)

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

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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 Type Response	:5)		-								
1. 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 Perso (Check all applie _X_Director Officer (give title below)		
(Last) 11991 RIVERVIE	(First) W ROAD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/21/2017								
CAMILLA, GA 31	(Street) 1730		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 Acquired, Disposed of, or Beneficially Owned								
(Instr. 3) D		Date (Month/Day/Year)	Execution Date, if any			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:	7. Nature of Indirect Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownershi (Instr. 4)
Common Stock		02/21/2017		А		819 <mark>(1)</mark>	А	\$ 21.36	47,237.15 (2)	D	
Common Stock									10,500	I	Martha F.H. Cox, Wife

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

Persons who respond to the collection of information
contained in this form are not meridined to respond to the collection of information

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
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	Transact	ion	Numl	ber	and Expirati	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of (M		(Month/Day	/Year)	Under	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Derivative		Securities		ities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Secur				(Instr	. 3 and			2	(Instr. 4)
	Security					Acqu				4)			0	Direct (D)	
						(A) 0							*	or Indirect	
						Dispo							Transaction(s)	< / <	
						of (D	·						(Instr. 4)	(Instr. 4)	
				(Instr. 3, 4, and 5)		· · · ·									
						4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
				a 1							of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
COX CADER B III 11991 RIVERVIEW ROAD CAMILLA, GA 31730	Х							

Signatures

/s/ Cader B. Cox, III	02/22/2017	

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, 2017, subject to the terms of the reporting person's Restricted Stock Award Agreement.
- (2) Includes 478 shares of common stock acquired through the 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.