# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

1. Name and Address of Reporting Person*  Johnson Laura L				CA	2. Issuer Name <b>and</b> Ticker or Trading Symbol CAPITAL CITY BANK GROUP INC [CCBG]						_X_ Direc	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) 217 NORTH MONROE STREET					3. Date of Earliest Transaction (Month/Day/Year) 02/21/2017												
(Street) TALLAHASSEE, FL 32301				4. It	4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu						uired, Disp	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye	Execution		e, if	(Instr. 8)			4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D	) Beneficia	ant of Securities ally Owned Following d Transaction(s) and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				·	·		Co	de	V	Amoun	(A) or t (D)	Pric	e			(Instr. 4)	
Common	Stock		02/21/2017				A			819 (1		\$ 21.3	86 819			D	
			Table l					quire	conta the fo	ained in orm dis	n this fo splays a of, or Be	orm a a curi enefici	re not req rently valid	ction of inf uired to res I OMB con	spond unle	SS	1474 (9-02)
1. Title of	2	3. Transactio	on 3A. Deem		puts, calls	, war		s, opt					s) Title and	8 Price of	9. Number	of 10.	11. Natu
Derivative Security (Instr. 3)		Date (Month/Day/Y	Execution Da Year) any	Date, if	te, if Transaction Nur Code of (Instr. 8) Der Seci Acq (A) Disp of (Instr. 8)		Numb	ative ties red sed 3,	and I	ate Exercisable Expiration Date hth/Day/Year)		Ai Ui Se (Ii	Amount of Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	of Indirect Beneficia Ownershi (Instr. 4)
					Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	on Ti	Amount or Number of Shares				

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Johnson Laura L 217 NORTH MONROE STREET TALLAHASSEE, FL 32301	X						

# **Signatures**

/s/ Laura L. Johnson	02/22/2017
**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, 2017, subject to the terms of the reporting person's Restricted Stock Award Agreement.

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.