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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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 [*] SMITH WILLIAM G JR			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) <u>X</u> _Director <u>X</u> _Officer (give tile below) <u>Chairman</u> , President & CEO		
PO BOX 11248	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/12/2018					Chairman, Presi	ident & CEO		
(Street) TALLAHASSEE, FL 32302			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)	T	able I - No	n-De	erivative S	Securiti	ies Acq	uired, Disposed of, or Beneficia	lly Owned	
1.Title of Security 2. Transaction (Instr. 3) Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		(D) I		of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	
				Code	v	Amount	(A) or (D)	Price		or Indirect (Instr. 4) (I) (Instr. 4)	
Common Stock		01/12/2018		А		5,455 (<u>1)</u>	А	\$0	2,355,336	D	
Common Stock									1,049,361	Ι	2S Partnershij
Common Stock									1 828		WGS Trust
Common Stock									5,044	Ι	IRA
Common Stock									55,666	Ι	Spouse
Common Stock									4,740 I		Spouse- IRA
Common Stock									80,728	Ι	WHS Trust

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

SEC 1474 (9-02)

Persons who respond to the collection of information 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

(a a pu	te colle	worronte	ontions	convortit	ole securities)	
(e.g., pu	its, cans.	, wairants,	options	, converuit	ne secui mes	

	(e.g., puts, cans, 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	Transaction	n Nu	umber and Expiration Date		Amou	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of	(Month/Day/Year)		Unde	rlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Der	ivativ	•		Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Sec	urities			(Instr	. 3 and			Security:	(Instr. 4)
	Security				Ac	quired			4)			0	Direct (D)	
					(A)							1	or Indirect	
						posed						Transaction(s)	(I)	
					of ((Instr. 4)	(Instr. 4)	
						str. 3,								
					4, a	nd 5)								
										Amount				
							Date	Expiration		or				
							Exercisable	*	Title	Number				
							Exercisable	Date		of				
				Code V	(A) (D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			

AITH WILLIAM G JR D BOX 11248 X X ALLAHASSEE, FL 32302	Chairman, President & CEO
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Signatures

/s/ William G. Smith, Jr.	01/16/2018
**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) Shares granted to the reporting person under the Registrant's Stock-based Incentive 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.