# FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 Response	s)																		
1. Name and Address of Reporting Person * DREW J EVERITT				CA	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) 250 JOHN KNOX ROAD, SUITE 6					3. Date of Earliest Transaction (Month/Day/Year) 02/21/2018															
(Street)				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fil	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
	HASSEE,														ou by more man	one report				
(City	)	(State)		(Zip)			T	able I	- Nor	n-De	erivative	Securiti	es Acq	uired, Disp	osed of, or I	Beneficial	lly Ow	ned		
1.Title of Security (Instr. 3)				2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		tion				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Form:		7. Nature of Indirect Beneficial Ownership			
						Со	de	V	Amount	(A) or (D)	Price	(mstr. 3 and	u 4)			direct	rect (Instr. 4)			
Common Stock		02/21/	/2018				A	L		988 (1)	A	\$ 24.3	32,875		D					
Common Stock													750				Custo Stuar	odian- rt		
Common Stock													750		I		Custo Laws	odian- son		
Reminder:	Report on a s	separate line	for each	class of secu	rities l	eneficia	llv o	wned	direct	lv o	r indirectl	v								
	T	1					<u>, , , , , , , , , , , , , , , , , , , </u>			Per cor	sons wh	no resp n this f	orm a	o the collect are not requ rently valid	uired to res	spond u	nless	SE	C 1474	4 (9-02)
														ially Owned s)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactic Date (Month/Day	/Year)	3A. Deemed	ate, if	4. Transac Code	tion Number of (Month/Day/Year) of Derivative Securities and Expiration Date (Month/Day/Year) Securities		7. Ai Ui Se	Title and mount of inderlying ecurities instr. 3 and	of Derivative Securities s (Instr. 5) Benefici		ve Ownership Es Form of Derivative Security: Direct (D) or Indirect ion(s) (I)		rship of lative ity: (D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	(A)	(D)	Da <sup>o</sup> Exc		Expirat Date	ion Ti	Amount or Number of Shares						

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DREW J EVERITT 250 JOHN KNOX ROAD, SUITE 6 TALLAHASSEE, FL 32303	X						

## **Signatures**

/s/ J.Everitt Drew	02/22/2018
**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) 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, 2018, 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.