# FORM 4

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

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

(Print or Ty	pe Response	s)																	
1. Name and Address of Reporting Person * BENSE ALLAN G				CA	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)  _X_ Director Officer (give title below) Other (specify below)							
4 40 5 777 DD 4 077 DD 777D					3. Date of Earliest Transaction (Month/Day/Year) 01/29/2014														
(Street)				4. If	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							
PANAMA CITY, FL 32401																			
(City) (State) (Zip)						Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3)		Date (Month/Day/Year) Ex		Execution any	xecution Date, if		3. Transaction Code (Instr. 8)		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Ber Rep	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect	Benefic Owner	t cial ship		
							ode	V	Amount	(A) or (D)	Price	:				(I) (Instr. 4	Ì	4)	
Common Stock		01/29/	/2014			S	S	300 D		D	\$ 12.7	7 0	0		I	Bense Famil Found Inc.			
Common Stock												40	,710			D			
Reminder:	Report on a s	separate line	e for each		- Deriv	rative Secur	rities	Acqu	Po co th	ersons wontained e form d	ho rein this	s form s a cu Benef	n are urrent	not requ tly valid	ction of inf lired to res OMB cont	spond	unless	SEC 14	74 (9-02)
1. Title of	2	3. Transac	tion	3A. Deeme		4.	<b>warra</b> 5.	ants, c						le and	8. Price of	9 Nun	nber of	10.	11. Nature
Derivative Conversion Date				Execution Date, if		Transactio Code	on Nu of Dec Sec Ac (A) Dis of (In	Number		and Expiration Date (Month/Day/Year)  U		Amou Under Secur	unt of orlying rities . 3 and	Derivative Security (Instr. 5)		tive ties cially d ving ed ction(s)	Ownership Form of		
						Code V	/ (A	) (E	Е	ate xercisable		ration	Title	Amount or Number of Shares					

### **Reporting Owners**

P ( 0 N /	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BENSE ALLAN G 1405 W. BEACH DRIVE PANAMA CITY, FL 32401	X							

#### **Signatures**

/s/ Alan Bense	11/09/2016

**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.