Edgar Filing: CAPITAL CITY BANK GROUP INC - Form 4

Form 4 June 03, 2013 FORM Check this if no long	4 UNITED S	STATES :	Was	hington, I	D.C. 205	549		COMMISSION NERSHIP OF	OMB Number: Expires:	PPROVAL 3235-0287 January 31, 2005	
Subject toEstimated averageSection 16.SECURITIESburden hours per									irs per		
KNOX LINA S Symbol				r Name and Ticker or Trading AL CITY BANK GROUP CBG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mon								X_ Director Officer (give below)			
(Street) 4. If Amen				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
TALLAHASSEE, FL 32303 Form filed by More than One Reporting Person											
(City)	(State) ((Zip)	Table	e I - Non-De	erivative S	ecurit	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/31/2013			А	100	А	\$0	48,163	D		
Common Stock								23,000	I	Dean Knox Qtip Trust	

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

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

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	ess	Relationships							
	Director	10% Owner	Officer	Other					
KNOX LINA S									
506 NORTH RIDE	Х								
TALLAHASSEE, FL 32303	3								
Signatures									
/s/ Lina S. Knox	06/03/2013								
<u>**</u> 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.