CAPITAL CITY BANK GROUP INC

Form 4

August 14, 2006

FORM 4

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

OMB 3235-0287 Number:

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

2. Issuer Name and Ticker or Trading

burden hours per response...

Estimated average

5. Relationship of Reporting Person(s) to

See Instruction

30(h) of the Investment Company Act of 1940

0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

BARRON THOMAS A					Y BANK GROUP	(Check all applicable)				
	(Last)	(First) (of Earliest n/Day/Year)		X Director X Officer (give below)		Owner er (specify		
PO BOX 900		08/10	/2006		Treasurer					
		(Street)	4. If A	mendment,	Date Original	6. Individual or Joi	int/Group Fili	ng(Check		
			Filed(N	Ionth/Day/Yo		Applicable Line) _X_ Form filed by O	ne Reporting Pe	erson		
TALLAHASSEE, FL 32302			2			Form filed by M Person	ore than One Re	eporting		
	(City)	(State)	(Zip) Ta	able I - Non	-Derivative Securities Acqu	ired, Disposed of,	or Beneficial	lly Owned		
	1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired (A)	5. Amount of	6.	7. Nature o		
	Security	(Month/Day/Year)	Execution Date, if	Transact	iomr Disposed of (D)	Securities	Ownership	Indirect		
	(Instr. 3)		any	Code	(Instr. 3, 4 and 5)	Beneficially	Form:	Beneficial		

2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired (A)	5. Amount of	6.	/. Nature of
(Month/Day/Year)	Execution Date, if	Transactio	oror Dispos	sed of	(D)	Securities	Ownership	Indirect
•	anv	Code	(Instr. 3.	4 and	5)	Beneficially	Form:	Beneficial
	•		(,			•		Ownership
	(1.1011111/2 uj/ 1 uu)	(1110111 0)					` ′	(Instr. 4)
						· ·		(Instr. 1)
				(A)		*		
				or		` '	(IIISU. 4)	
		Code V	Amount	(D)	Price	(Instr. 3 and 4)		
				` ′	\$			
08/10/2006		S	4,000	D		208,566	D	
					31.1093			
								Trustee
						9 624	T	for
						7,024	1	Elizabeth
								Barron
								Darron
								Trustee
						14.312	I	for
						,		Rebecca
								Barron
		(Month/Day/Year) Execution Date, if any (Month/Day/Year)	(Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Instr. 8) Code V	(Month/Day/Year) Execution Date, if Transactior Disposany Code (Instr. 3, (Month/Day/Year) (Instr. 8) Code V Amount	(Month/Day/Year) Execution Date, if any Code (Instr. 3, 4 and (Month/Day/Year) (Instr. 8) (A) or Code V Amount (D)	(Month/Day/Year) Execution Date, if any Code (Instr. 3, 4 and 5) (Month/Day/Year) (Instr. 8) (A) or Code V Amount (D) Price	(Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 3, 4 and 5) Eneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	(Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 3, 4 and 5) Beneficially Form: Owned Direct (D) Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4) 08/10/2006 S 4,000 D \$31.1093 9,624 I

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Common Stock			Trustee for Anne Barron
Common Stock	10,937	I	As Trustee for Z.P. Barron Trust
Common Stock	28,906	I	By Spouse
Common Stock	6,103.786	I	By 401(k) Plan

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

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.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ction	Number	Expiration Da	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	C	of	(Month/Day/	Year)	Under	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8) I	Derivative	•		Secur	ities	(Instr. 5)
	Derivative				S	Securities			(Instr.	3 and 4)	
	Security				A	Acquired					
					(A) or					
					Ι	Disposed					
					C	of (D)					
					(Instr. 3,					
					4	1, and 5)					
										Amount	
							Date	Expiration	Title	or Number	
							Exercisable	Date	Title	of	
				C- 1-	17 ((A) (D)					
				Code	V ((A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Keiationsnips							
	Director	10% Owner	Officer	Other				
BARRON THOMAS A								
PO BOX 900	X		Treasurer					
TALLAHASSEE, FL 32302								

Reporting Owners 2

Signatures

Thomas A. 8arron 08/14/2006

**Signature of Date
Reporting Person

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.

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