

CAPITAL CITY BANK GROUP INC  
 Form 3  
 June 17, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â SMITH DOUGLAS WILLIAMS		(Month/Day/Year) 06/05/2013	CAPITAL CITY BANK GROUP INC [CCBG]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
3042 HAWKS GLEN			(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
(Street)			___ Director	<input checked="" type="checkbox"/> 10% Owner
TALLAHASSEE, Â FL Â 32312			___ Officer	___ Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			___ Form filed by One Reporting Person	
			___ Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock <u>(1)</u>	1,406	D	Â
Common Stock <u>(1)</u>	6,803	I	As Trustee for the Elaine W. Smith Revocable Trust

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--------------------------------------------	----------------------------------------------------------	------------------------------------------------------------------	---------------------------	----------------------	-------------------------------------------------------

Date Exercisable	Expiration Date	(Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I)
		Title			

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SMITH DOUGLAS WILLIAMS 3042 HAWKS GLEN TALLAHASSEE, FL 32312	^	^ X	^	^

## Signatures

/s/ Douglas Williams  
Smith 06/17/2013

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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).  
Robert H. Smith, the owner of 2,003,780 shares of Capital City Bank Group, Inc., common stock, died on May 28, 2013. On June 5, 2013, the Reporting Person was appointed as a co-personal representative to the decedent's estate, which is a 10% owner. Pursuant to (1) SEC rules, the Reporting Person, as the co-personal representative of the decedent's estate, is deemed to be a 10% owner. As the Reporting Person does not have a pecuniary interest in the securities held by the decedent's estate, the shares held by the decedent's estate have not been reported as holdings of the Reporting Person.

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.