FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		

			Securities E		934

0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* <u>PICHON EMILY E</u>						2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]									Check a	onship of all applica Director	able)	ng Pers	g Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) 6207 CONSTITUTION DR							3. Date of Earliest Transaction (Month/Day/Year) 01/13/2015										Officer (below)	Officer (give title elow)		Other (specify below)	
(Street) FORT W. (City)		IN (State)		16804 Zip)		4. If	f Ame	endment,	Date o	of Original	Filed	I (Month/Da	ay/Yea	ar)		ine) X	Form file	ed by One	e Repo	(Check A orting Pers	on
			Tabl	e I - Nor	-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	ally O	wned				
Date				Date	Date Month/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,			nd S B O	ecurities Seneficial	neficially ned Following		nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	, т	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 01/1:					01/13	3/2015						625	A		\$	0	7,9	7,975		D	
			Та	ıble II - D								sed of, onvertib				y Owi	ned				
1. Title of Derivative Security (Instr. 3) Conver or Exer Price of Derivat Security		on Date se (Month	nsaction n/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)			ative rities ired osed	6. Date E Expiratio (Month/D	n Dat	е	Amo Secu Undo Deriv	Amor	ount	8. Pric Deriva Securi (Instr.	tive de ty Se 5) Be Ov Fo Re	Number of crivative ecurities eneficially whed billowing eported ansaction istr. 4)	O F D O (I	D. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Cada	Codo		(D)	Date		Expiration	Numb of Title Shore								

Explanation of Responses:

Teresa A. Bartman, Attorneyin-Fact

01/14/2015

** Signature of Reporting Person

Date

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

- * 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.

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 Number.