FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	ide. 000		Filed							es Exchang npany Act o			4		nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* KUBACKI MICHAEL L						2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]									k all app Direc	,		rson(s) to Is 10% O Other (s	wner
(Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION P.O. BOX 1387					3. Date of Earliest Transaction (Month/Day/Year) 01/12/2021									belov			below)		
(Street) WARSAW IN 46581-1387 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Nor	า-Deriva	tive S	Secu	rities	Acq	uired,	Dis	oosed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D 5)								6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	mount (A) or (D)		Price	Transa	ction(s) 3 and 4)			(
Common Stock 01/12/					2021		A		650	I	A	\$0	23	232,215		D			
Common	Common Stock														1	,000			By Spouse
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) if any		emed on Date, Transac Code (li Bay/Year)					6. Date I Expirati (Month/I	on Da		Amount of Securities Underlyin Derivative Security (3 and 4)		De Se (Ir	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	of Shai	.					

Explanation of Responses:

Teresa A. Bartman, Attorneyin-Fact

01/13/2021

** Signature of Reporting Person

Date

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

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.

^{*} 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).