FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>HIATT THOMAS</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] | | | | | | | | | | | | tionship of Reportin all applicable) Director | | 10% Ow | | vner | |
|--|---|--|--|------------------------------|---|---|--------|-------|-------------------------------|------------------------------------|--|----------------|------------------------------|---|--|----------|---|--|-------------------|--|--|--|
| (Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2017 | | | | | | | | | | | | Office below | r (give title) | | Other (below) | specify | |
| P.O. BOX 1387 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WARSA | W IN | 1 | 46581-1387 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | curiti | es Ac | qu | ired, | Disp | osed | of, o | r Ber | eficia | lly | Owne | d | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Trans Date (Month/I | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Yea | | | 3. Transa Code (I 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 4 and Securit | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amoun | t | (A) or (D) | Price | | Transac (Instr. 3 | tion(s) | | | (11150.4) | |
| Common Stock | | | | | | | | | | | | | | | | | 16 | 16,304 | | D | | |
| Common Stock | | | | | | | | | | | | | | | | | 965 | | | | By Spouse | |
| | | Т | able II - I (| Derivat (e.g., p | | | | | | | | | | | | у О | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | I. Fransaction Code (Instr. 3) | | of | | Exp | Date Exe piration I onth/Day | Date | | Amo Secu Unde Deriv | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | De Se | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | , | Code | v | (A) | (D) | Date Exe | e ercisable | | piration te | Title | 0 | Amount or Jumber of Shares | | | | | | | |
| Phantom | (1) | 08/07/2017 A | | 101 | | | (2) | | (3) | Com | mon | 101 | \$4 | 16.1666 | 21,102 | | D | | | | | |

Explanation of Responses:

- 1. Each phantom stock unit exersises into 1 share of Common Stock.
- 2. Phantom stock is exercisable after the directors' retirement as a Board member.
- 3. Phantom shares expire after the directors' retirement as a Board member.

Teresa A. Bartman, Attorneyin-Fact

08/08/2017

** 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.