FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540
Washington.	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-10b Securities 10b

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Leniski Stephanie R						2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]									5. Relationship of Reporting Person(s) to Is (Check all applicable) Director 10% Officer (give title below)				
(Last) P.O. BOX	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/13/2024								below) below) Senior Vice President					
(Street) WARSAW IN 46581-1387 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Noi	n-Deriva	tive \$	Secu	rities	s Acq	uired,	Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					4 and Securities Beneficially Owned Following			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 09/13/2					2024			P		4,500	A	\$6	5.04	04 7,974		I		401(k) Plan	
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution Date,		4. Transaction Code (Instr. 8)		5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forr Dire or In (I) (I	ership 1: ct (D) direct 1str. 4)	Beneficia Ownersh (Instr. 4)
									Date		Expiration	piration e Title		t r					

Explanation of Responses:

Remarks:

/s/ Becka J. Turnbow, Attorney-in-Fact

09/16/2024

** 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.