FORM 5

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,	DC	20549
wasinington,	D.C.	20343

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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL	OMB Number:	3235-03

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Instruction 1(b) Form 3 Holdings Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OWNERSHIP

or Section 30(h) of the Investment Company Act of 1940																	
1. Name and Address of Reporting Person* Gavin Michael E			2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]						(Che	ck all app Direc	,	Ü	10%	Issuer Owner er (specify			
(Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION P.O. BOX 1387					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019						/Year)	X Officer (give title Other (spe below) EVP & CCO				w)`	
(Street) WARSAV (City)	N IN		6581-1387 Zip)	4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicab ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				rson
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	Benefic	ially	y Owne	ed			
Date		Execution Date, if any		Transaction Code (Instr.					Securit Benefic		ties O		ership n: Direct	7. Nature of Indirect Beneficial Ownership			
				(nt	(A) or (D)	Price		Issuer's Fisca Year (Instr. 3 a 4)		Indirect (I)		(Instr. 4)	
Common	Stock		12/31/2019	J (1)		l)	5	577	A	\$45.7	\$45.73		15,380		I	401(k) Plan	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp	vative urities uired or coosed or o) tr. 3, 4 5)		Date Exercisable and xpiration Date Alonth/Day/Year) ate Expiration Date Expiration Date		Amo Secu Unde Deri Secu and	Amount or Number of	ınt per		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)

Explanation of Responses:

1. Salary redirection to 401(k) plan for 2019.

Teresa A. Bartman, Attorney-

in-Fact

** Signature of Reporting Person

Date

02/06/2020

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.