SEC Form 5

FORM 5

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

Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0362 OMB Number: Estimated average burden hours per response: 1.0

Form 4	Transactions	Reported.	F	iled pursuant or Secti					curities Excha Company Ac			34						
1. Name and Address of Reporting Person* <u>O'Neill Lisa M</u>					2. Issuer Name and Ticker or Trading Symbol <u>LAKELAND FINANCIAL CORP</u> [LKFN]												Owner	
(Last) 264 EMS	(F 5 C29 LAN		(Middle)		Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 2/31/2016						below)	Officer (give title below) EVP & C		Other (specify below) CFO				
(Street) WARSAW IN 46582 (City) (State) (Zip)				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)				posed Of	5. Amount Securities Beneficial Owned at	s Owne Ily Form		ship Direct	7. Nature of Indirect Beneficial Ownership	
				(Wohthi/Day	(Teal)	0)		Amo	ount	(A) or (D)	A) or D) Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)	
Common Stock			12/31/2016				J ⁽¹⁾		282	А	\$	33.95	373		Ι		401(k) Plan	
Common Stock													5,250		D			
	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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/D	on Da			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (i or Indire (i) (Insti	Beneficia D) Ownersh ect (Instr. 4)	
					(A)		Date Exercisa	ıble	Expiration Date	Title		Amount or Number of Shares						
Restricted Stock Units ⁽²⁾	\$0 ⁽³⁾						02/01/20)17	02/01/2017 ⁽⁴) Com Sto		7,140		7,1	40	D		

1. Salary redirection to 401(k) plan for 2016. 2. The Restricted Stock Units are subject to forfeiture based on corporate performance criteria.

Restricted

Restricted

Stock Units

Stock

Stock

Units⁽²⁾

Units⁽²⁾

Restricted

\$0⁽³⁾

\$0⁽³⁾

\$<mark>0</mark>(3)

Explanation of Responses:

3. Each Restricted Stock Unit exercises into 1 share of Common Stock.

4. Restricted Stock Unit awards are a conditional promise to transfer a share at a specific futurue date and do not have an expiration date.

02/13/2017

Date

4,500

6,000

6.000

D

D

D

** Signature of Reporting Person

Teresa A. Bartman, Attorney-

Common

Stock

Common

Stock

Common

Stock

in-Fact

4,500

6,000

6.000

04/16/2017⁽⁴⁾

02/01/2018⁽⁴⁾

02/01/2019⁽⁴⁾

04/16/2017

02/01/2018

02/01/2019

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.