FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|-------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235- | | |

| OMB Number: | 3235-0287 |
|----------------------|-----------|
| Estimated average bu | ırden |
| 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). |

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* ROSS STEVEN D | | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] | | | | | | | | | 5. Relationship of Reporting Person(s) to (Check all applicable) X Director 109 | | |) to Is | | |
|--|--|--|---------------|--------------------------|--|--|-----|--|-------------------|-------------------|---|-------|--------------------------------|--|---|---|-----------------|--|--|
| (Last) (First) (Middle) 187 EMS T46 LN | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/14/2015 | | | | | | | | | Offic belo | er (give title w) | | ther (elow) | specify | |
| (Street) LEESBU (City) | | | 16538 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Lir | ne) X Forn Forn | vidual or Joint/Group Filing (Check Applicable 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. Transa Date (Month/D | | | | | Execution Date, | | | Code (Instr. 5) | | | | | | 6. Owners Form: Dire (D) or India (I) (Instr. 4) | ct ect | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | | 07/14 | 14/2015 | | | | A | | 625 A | | \$0 |) 2 | 20,999 | | | | | |
| | 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) | erivative Conversion Date Execution Decurity or Exercise (Month/Day/Year) if any | | Date, | Transaction Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

Teresa A. Bartman, Attorneyin-Fact

07/15/2015

** 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.