FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

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

Form 3	Holdings Repo	orted.			OWITE ROTH									hou	rs per re	sponse:		1.0
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* Pruitt Kristin					2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Executive Vice President					ier
(Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION P.O. BOX 1387					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020							7						
(Street) WARSAW IN 46581-1387 (City) (State) (Zip)				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		,	le I - Non-Der	vative Se	curit	ies A	Acquir	ed, [Disposed	of, or	Bene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)				Execution I	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)				sed Of S. Amoun Securities Beneficial Owned at		S Owner		Indire Bene	
				(ount	(A) or (D) Price			Issuer's F Year (Insti	Fiscal Indire		ct (I) (Instr. 4)		
Common Stock 11/04/2020							G		500		\$0		8,914		D			
Common Stock 12/31/2020							J ⁽¹⁾		372	A \$45.		5.13 8,5		50		I 401(k) l		(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) of Dispo	Derivative decurities (cquired A) or Disposed of (f (D) instr. 3, 4		Nate Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		4)			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		ship D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	0 N 0	lumber						
Restricted Stock Units ⁽²⁾	\$0 ⁽³⁾						02/01/2	2021 02/01/2021 ⁽⁴⁾		Comr		4,446	46		4,446			
Restricted Stock Units ⁽²⁾	\$0 ⁽³⁾						02/01/2	02/01/2022 02/01/2022 ⁽⁴⁾ Common Stock 6,0		6,000		6,000		D				

Explanation of Responses:

\$0⁽³⁾

Restricted

Stock

Units⁽²⁾

- 1. Salary redirection and/or dividend reinvestment in 401(k) plan for 2020.
- 2. The Restricted Stock Units are subject to forfeiture based on corporate performance criteria.
- 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.

Teresa A. Bartman, Attorney-

6,500

02/09/2021

6,500

D

** Signature of Reporting Person

Common

02/01/2023⁽⁴⁾

02/01/2023

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.