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 Rep	orted.				•								hou	rs per re	sponse:		1.0
Form 4	Transactions	Reported.	F	led pursuant or Section					curities Excha Company Ac									
Name and Address of Reporting Person* Ottinger Eric H					2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION P.O. BOX 1387					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020								- X Unicer (give title Uniter (specify below) Executive Vice President					
(Street)				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) Town fleet by One Preparation Process						
WARSAW IN 46581-1387				_								X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Tab	le I - Non-Der	ivative Se	curiti	ies A	Acquir	ed, [Disposed	of, or	Benef	icially	y Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		ate, Transaction Code (Instr.		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)			5. Amoun Securities Beneficial Owned at		S Owr Ily Forr		nership Indi n: Direct Ben		cial	
				(MOHIII/Day	rical			Amount ((A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock 12/31/20							J ⁽¹⁾		71	A	\$45	.13	2,761		I		401)k) Plan	
Common Stock											27,000		00	D				
		-	Table II - Deriv (e.g.,	ative Secu puts, calls									Owned					
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)	te, Transaction of Expirat Code (Instr. Derivative (Month		ion Da	Exercisable and on Date Day/Year) Day/Year) To Title and Amount of Securities Underlying Derivative Sect (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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		1. Nature of Indirect Beneficial Ownership Instr. 4)		
					(A)	(D)	Date (D) Exercisa		Expiration Date	Title	or Nu of	mber ares						
Restricted Stock Units ⁽²⁾	\$0 ⁽³⁾						02/01/2021		021 02/01/2021 ⁽⁴⁾		non ck 5	,070		5,070		D		
Restricted Stock Units ⁽²⁾	\$0 ⁽³⁾						02/01/2022		02/01/2022 ⁽⁴	Comr		,500		6,5	00	D		
Restricted Stock	* 0(3)						02/01/2	2023	02/01/2022(4	Comr	non 6	500		6.5	00	0		

Explanation of Responses:

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-

02/09/2021

** 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.