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

ANNUAL STATEMENT OF CHANGES IN BENEFICIA								
OWNERSHIP								

OMB APPROVAL										
OMB Number:	3235-0362									
Estimated average b	urden									

Instruction 1(b).

Form 3	Holdings Repo	rted.												nou	rs per	response.	1.0	
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac									
1. Name and Address of Reporting Person* Steiner Jonathan P (Last) (First) (Middle)				2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					KFN] (Check all	app Direc	plicable) ctor eer (give title w)		Person(s) to Issuer 10% Owner Other (specify below)				
LAKELAND FINANCIAL CORPORATION P.O. BOX 1387			12/31/2019						Senior Vice President									
(Street) WARSAW IN 46581-1387 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(316)		e I - Non-Deriv	rative Sec	uritie	e Ac	auire	ed Die	enosed	of or	Renefici	ally O	wne	ıd				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed 3. Tran if any Code		3. Transa	4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)				5. A Sec Ber	nt of		ership n: Direct	7. Nature of Indirect Beneficial Ownership					
				(real) o)			Amour	it	(A) or (D)	Price	Issu	Issuer's Fiscal Year (Instr. 3 and		Indirect (I) (Instr. 4)		(Instr. 4)	
Common Stock 12/31/2019			12/31/2019	J ⁽¹⁾		1)	156		A	\$45.73	5,414		414	I		401(k) Plan		
Common Stock													7,500		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. Numof Derive Securion Acquired (A) or Disposor (D) (Instrand 5	ative rities ired osed	Expir (Mon	te Exercisable and ration Date th/Day/Year) Expiration cisable Date		Amor Secu Unde Deriv Secu and	rity (Instr. 3	Derivat Securit	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

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

Teresa A. Bartman, Attorneyin-Fact

02/06/2020

** 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.