FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Lahrman Brok A (Last) (First) (Middle) P.O. BOX 1387 | | | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] 3. Date of Earliest Transaction (Month/Day/Year) 02/03/2023 | | | | | | | | | Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title below) below) SVP, Chief Accounting Officer | | | | wner specify |
|--|---|--|--|--------------------------------|------|---|---|--------|---|--|---|--------|--|-------|--|--|--|---|-----------------|
| (Street) WARSA (City) | SAW IN 46581 (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) 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 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Exec if any | ution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | es Forrially (D) (Following (I) (II) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | ction(s) 3 and 4) | | | (Instr. 4) | | | |
| Common Stock 02/03/2 | | | | | | .023 | | | | | 1,593(1) | A | A \$0 | | 2,181 | | | D | |
| Common Stock 02/03/2 | | | | | 2023 | | | | F | | 593 | D \$7 | | 73.16 | 5 1 | 1,588 | | D | |
| Common Stock | | | | | | | | | | | | | | | | 482 | | | 401(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. Transaction Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | | ransaction ode (Instr.) | | rative rities sired rosed) . 3, 4 5) | 6. Date Exerci Expiration Da (Month/Day/You | | te | Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | otr. | s. Price of Derivative Security Instr. 5) 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. On February 4, 2020 the reporting person was granted an award of 1,350 restricted stock units that were subject to vesting based on individual and corporate performance criteria, which grant was previously reported on Table II. The issuer's Compensation Committee determined that 1,593 shares of common stock would be issued in settlement of the award.

/s/ Becka J. Turnbow, Attorney-in-Fact

02/07/2023

** 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.