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

Washington	DC	205/0
wasiiiigton	, D.C.	20548

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL							
OWNERSHIP							

OMB APPROVAL								
OMB Number: 3235-03								
Estimated average burden								
hours nor resnance.	1.0							

Form 3	Holdings Rep	orted.												Liloui	s per res	sponse.		1.0
Form 4	Transactions I	Reported.	F						curities Exchar Company Act			ļ						
1. Name and Address of Reporting Person* DE BATTY JILL A					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 Check Conceits)						
(Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION P.O. BOX 1387					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017								X Officer (give title Other (specify below) Senior Vice President					
(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						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transac Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)				sed Of			6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership		
				((Month Day/ Tear)				ount	(A) or (D) Price			Issuer's Fi Year (Instr 4)	iscal Indire		ct (I) (Instr. 4)		
Common Stock 12/3:			12/31/2017			J ⁽¹⁾			814	A	\$45.84		1,614		I		401k Plan	
Common Stock											8,1		32 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	Inversion Date Execution Date, if any Code (Instr. be of ivative with inversion of Code (Instr. be of ivative ivative with inversion Date, if any (Month/Day/Year) 8) Securities Acquired Acquired		Expirati	te Exercisable and ation Date ht/Day/Year) To Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)				8. Price of Derivative Security (Instr. 5)			Ownership of Form: Be Direct (D) Ov		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					(A)	(D)	Date Exercis	able	Expiration Date	Title	or No of	umber						
Restricted Stock Units ⁽²⁾	\$0 ⁽³⁾						02/01/2	2018 02/01/2018 ⁽⁴⁾		Comn		5,850		5,850		D		
Restricted Stock Units ⁽²⁾	\$0 ⁽³⁾						02/01/2	2019 02/01/2019 ⁽⁴⁾		Common Stock 4,500		4,500		4,500		D		
Restricted Stock	\$0 ⁽³⁾						02/01/2	2020	02/01/2020 ⁽⁴⁾	Comn		4,050		4,0	50	D		

Explanation of Responses:

- 1. Salary redirection to 401(k) plan for 2017.
- 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-02/14/2018 in-Fact

** 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.