FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	PROVAL						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

HIATT THOMAS			. Date of Event equiring Staten Month/Day/Year	nent	3. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN]							
(Last)	(First)	(Middle)	1/09/2007		Relationship of Reporting Person(s) to Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)	(State)	(Zip)			X Director Officer (give title below)		10% Owner Other (specify below)		6. 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 Beneficially Owned												
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						20.5962	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
			ate	3. Title and Amount of Securities Underlying Derivative Security (I			or Exe	version exercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Expiration Date	ı Title		Amount or Derivat Securit Number of Shares		ive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Teresa A. Bartman, Attorney-

in-Fact

** Signature of Reporting Person

Date

01/11/2007

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).