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: 3235-03								
Estimated average burden								
hours per response:	1.0							

Form 3	Holdings Rep	orted.				_								nou	rs per res	sponse:		1.0	
_	Transactions I		F	led pursuant or Section					curities Excha Company Ac										
Name and Address of Reporting Person* O'Neill Lisa M					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 V 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 Officer (give title Officer (specify below) EVP & CFO						
(Street) WARSAW IN 46581-1387				4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City) (State) (Zip)					Person									1					
		Tab	le I - Non-Deri	vative Se	curiti	ies /	Acquir	ed, [Disposed	of, or	Bene	ficially	y Owned						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)				sed Of	5. Amount Securities Beneficial Owned at			nership Indi rm: Direct Ber		Nature of direct neficial vnership	
				(,,,,,	0,		Amo		(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)		
Common Stock 12/31/2020						J (1)	495		Α	\$45.13		25,920		D					
Common Stock 12/31/2020			12/31/2020			J (2)			459	A	\$45	5.13	2,052		I		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. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	ative rities ired posed . 3, 4		Exercisable and tion Date (Day/Year)		7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4	ve ies ially ng ed etion(s)	10. Owners Form: Direct (or Indir (I) (Insti	hip (E D) (ect (11. Nature of Indirect Beneficial Ownership Instr. 4)	
					(A) (D)		Date Exercis	able	Expiration Date	Title	or Ni of	umber							
Restricted Stock Units ⁽³⁾	\$0 ⁽⁴⁾						02/01/2	2021	021 02/01/2021 ⁽⁵⁾		ommon Stock 4,212			4,212		D			
Restricted Stock Units ⁽³⁾	\$0 ⁽⁴⁾						02/01/2	2022	02/01/2022 ⁽⁵	Comr		5,400		5,4	00	D			
Restricted Stock	\$0 ⁽⁴⁾						02/01/2	2023	02/01/2023 ⁽⁵	Comr		5,400		5,4	00	D			

Explanation of Responses:

Units⁽³⁾

- 1. Dividend Reinvestment for 2020.
- 2. Salary redirection and/or dividend reinvestment in 401(k) plan for 2020.
- 3. The Restricted Stock Units are subject to forfeiture based on corporate performance criteria.
- 4. Each Restricted Stock Unit exercises into 1 share of Common Stock.
- 5. 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, Attorneyin-Fact

Stock

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.