FORM 4

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

Washington, D	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	1100. 000		Filed							es Exchangen es Exchangen		f 1934	ŀ		nours	per re	sponse:	0.5
1. Name and Address of Reporting Person* Steiner Jonathan P					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 Other (specify						
(Last) (First) (Middle) LAKELAND FINANCIAL CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 02/07/2023								X	belov		ce Pre	below)	ороону	
P.O. BOX 1387													6. Individual or Joint/Group Filing (Check Applicable						
(Street) WARSAW IN 46581-1387					4. 117									Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Ž	Zip)																
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enet	ficially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Exect ay/Year) if any		Deemed cution Date, y nth/Day/Year)		Transaction Di		4. Securities Acquired (ADISPOSED OF (D) (Instr. 35)		4 and Secur Benet		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount (A) or (D)		or P	rice	Transaction(s) (Instr. 3 and 4)				(111301. 4)	
Common	Stock			02/07/2023			23		A		1,013	A		\$ <mark>0</mark>	5,370			D	
Common Stock															6	,039			401(k) Plan
		Tal									osed of, o				Owne	d			
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. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date I Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Expiration of Exercisable Date Title Shar				per							

Explanation of Responses:

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

02/08/2023

** Signature of Reporting Person Date

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

Code V

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.

(A) (D)

 $^{^{\}star}$ 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).