FORM 4

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: | 0.5 | | | | | | | | | |

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

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

| Name and Address of Reporting Person* | | | | 2. Issuer Name and Ticker or Trading Symbol LAKELAND FINANCIAL CORP [LKFN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|--------|------------|------------|---|---|--|------|---|-------------|--------------------|---|---|-----------------------|---|---------------------------------------|---|--------------------|------------|--|
| <u>PICHO</u> | N EMIL | <u>Y E</u> | | 12/ | IIL | L// 1 1 | (D1 | 11 1/2 11 1 | <u>C171</u> | L COR | LLEKI | 11 | | X Direct | or | | 10% Ov | /ner | |
| (Last) | ` | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2021 | | | | | | | | | Office below | (give title | | Other (s below) | pecify | |
| P.O. BOX 1387 | | | | 4. 1 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ir | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) WARSA | W IN | 1 | 46581-1387 | | | | | | <u> </u> | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | - 1 | |
| (City) | (Si | ate) (| Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | Code (Instr. 5) | | | | 5. Amou Securiti Benefici Owned I Reporte | es Following (I) | | r Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | v | Amount | (A) or (D) | | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock | | | | | 12,613 | | ,613 | | 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 (Instr. 3) 3. Transaction Date (Month/Day/Year) Date (Month/Day/Year) (Month/Day/Year) | | | Code (| Fransaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | nount mber ares | | | | | | |
| Phantom | (1) | 02/05/2021 | | A | | 4 | | (2) | | (3) | Common | | 4 | \$61.7944 | 819 | | D | | |

Explanation of Responses:

- 1. Each phantom stock unit exersises into 1 share of Common Stock.
- 2. Phantom stock is exercisable after the directors' retirement as a Board member.
- 3. Phantom shares expire after the directors' retirement as a Board member.

Teresa A. Bartman, Attorney-

in-Fact

** Signature of Reporting Person

Date

02/08/2021

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.