## FORM 5

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

**OWNERSHIP** 

<b>ANNUAL STATEMENT</b>	OF CHANGES	IN BENEFICIAL

	OMB APPROVAL										
	OMB Number:	3235-0362									
1	Estimated average burden										

1.0

hours per response:

Instruction 1(b) Form 3 Holdings Reported.

Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac									
1. Name and Address of Reporting Person*  ROSS STEVEN D				2. Issuer Name <b>and</b> Ticker or Trading Symbol  LAKELAND FINANCIAL CORP [ LKFN ]						Relationship of Reporting Perso (Check all applicable)     X Director				( )	Issuer Owner			
(Last) 187 EMS	(Fir	st) (I	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014					/Year)		Office below	er (give title v)	Othe belo	er (specify w)				
(Street) LEESBU (City)			6538 Zip)	4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							i. Indi ine) X	,					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispose Of (D) (Instr. 3, 4 and 5)			or Disposed	Securit Benefic		ies Ow		ership n: Direct	7. Nature of Indirect Beneficial Ownership			
				(Monthibay) real)		3,		Amour		(A) or (D)			Issuer's			ect (I)	(Instr. 4)	
Common Stock		12/31/2014		J(i		.)	413 A		\$38.48		19,749			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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Dispo of (D (Instr and !	Expiration (Month/II (Mont		te Exercisable and ation Date th/Day/Year)  Expiration Date		Amo Secu Unde Deriv Secu and	le and unt of rities ritying rative rity (Instr. 3 1)  Amount or Number of Shares	nt er		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. Dividend reinvestment for 2014.

Teresa A. Bartman, Attorney-

in-Fact

\*\* Signature of Reporting Person

Date

02/11/2015

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.